

MONEY INSURANCE PROPOSAL FORM

1	Name of Proposer :			
	Address :			
2	Nature of Business :			
3	Period of Insurance :	From :	<input style="width: 100px;" type="text"/>	To: <input style="width: 100px;" type="text"/>

Definition of "MONEY" : Cash, Bank & Currency Notes, Cheques, Money Orders, Postal Orders, Current Postage Stamps

4	a) Give an estimate of the annual amount of money likely to be transported :	QRS	<input style="width: 150px;" type="text"/>
	b) State the maximum amount likely to be at risk at any one time :	QRS	<input style="width: 150px;" type="text"/>
	c) State whether you wish to insure against loss of money by housebreaking or burglary from locked safe or strongroom or by hold-up while in the premises including damage to any safe or strongroom. :		<input type="checkbox"/> housebreaking <input type="checkbox"/> burglary from locked safe or strongroom <input type="checkbox"/> by hold-up while in the premises including damage to any safe
	How much do you wish to be Insured? :	QRS	<input style="width: 150px;" type="text"/>
5	a) How will the money be conveyed, i.e. on foot or by private or public conveyance? :	<input type="checkbox"/> On Foot <input type="checkbox"/> Private conveyance <input type="checkbox"/> Public conveyance	
	please give details of security arrangements in force to protect money :		
	b) What is the approximate distance the money will be conveyed? :		
	c) If Wages Money is distributed to Branch Offices before being paid away please give the following information:-		
	i) Address(es) of branch (es) and amount(s) involved?		
	Address of Branch	Amount	
	<input style="width: 550px;" type="text"/>	QRS <input style="width: 100px;" type="text"/>	
	<input style="width: 550px;" type="text"/>	QRS <input style="width: 100px;" type="text"/>	
	<input style="width: 550px;" type="text"/>	QRS <input style="width: 100px;" type="text"/>	
	<input style="width: 550px;" type="text"/>	QRS <input style="width: 100px;" type="text"/>	



5	ii) How is money conveyed? :			
	iii) How is money protected? :			
	iv) What is approximate distance traveled? :			
	v) Is money retained overnight at Branch(es)? :	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	If so :			
	a) How is it protected? :			
	b) If in locked safe give :			
	i) Makers name and identification mark? :			
	ii) Dimensions? :			
	iii) Whether built in wall or secured to floor? :	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	iv) If fire or theft resisting? :			
	d) Is cover required for cash at Branch(es) other than wages money? :	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	If so, give details of amount(s) involved? :	QR	<input type="text"/>	
	How is it kept? :		
	And what type of protection? :		
			
6	Please give full description of the construction of your strongroom :			
7	Are the keys of the safe(s) and strongroom removed from the premises when the premises are closed for business? :	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
8	Have you ever suffered loss or destruction of or damage to Money? :	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	If so, please give details :			
9	a) Have you ever proposed for similar insurance? :	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	If so, state name of Insurer :			
	b) Was the proposal accepted? :	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	c) Has the renewal of your insurance ever been declined or not invited? :	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
	d) Has an increased premium been required or have special conditions been imposed? :	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

10	Is the indemnity of the Insurers the only security to be taken? :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
11	Give any other information in your possession material to the risk to be insured :				

Please read the following declaration very carefully and read again the questions and answers, especially if not completed in your own hand, before signing the form.

I/we declare that the above answers are true to the best of my/our knowledge and belief and that I/we have disclosed all particulars affecting the assessment of the risk. I/we agree to render at the end of each period of insurance a statement in the form required of the particulars necessary for assessing the premium and to pay premium on any amount exceeding the estimates supplied by me/us. I/we agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Date :

Signature: