

MONEY INSURANCE PROPOSAL FORM

Name of Proposer	
Address	
Business	
Highest Amount in transit at any one time <i>(which is to be the limit of the company liability for any one loss)</i>	
Estimated Annual Amount of Money in transit <i>(which is the basis on which the deposit premium is charged)</i>	
1. Name and Address of the places between which money will be in transit	From : To :
2. a) Maximum distance over which the money will be conveyed b) Between what hours will the money be in transit	
3. a) How many persons will carry the money at a time b) Is he/are they your regular salaried employee/s? c) What are their occupation/s? d) Is/are he/they covered under a Fidelity Guarantee Policy? If so, for what sum and with which office	
4. How is the money carried (i.e. whether in bags, trunks & cases and in how many of them)	
5. Means of transport do the persons transferring the money use	
6. Are the persons transferring the money accompanied by an armed guard If not, state what protection if any is provided for them	
7. a) On what day is money drawn? b) On what day is money paid out?	

<p>8. After money is received at your chief premises, is it retransferred to other premises? If so, give particulars <i>This question need not be answered unless it is required to have the policy extended to cover any part of the money that is drawn whilst secured in locked safes until paid out</i></p>	
<p>9.</p> <ul style="list-style-type: none"> a) What part of the money will be kept on your premise and for how long? b) Where will it be kept? c) Name of the Maker of the safe? d) Dimensions of the safe? e) Is it marked "Burglar Resisting"? f) Approximate age of the safe? g) Weight of the safe? h) Will the premises be guarded whilst they are closed for business? If so, by whom? 	<p>Height : Width : Depth :</p>
<p>10. Has you ever sustained any loss of money while in transit or while on your premises? If so, give full particulars</p>	
<p>11. Has any company or underwriter at any time</p> <ul style="list-style-type: none"> a) Ever declined your proposal b) Required an increased premium or special conditions c) Cancelled or refused to renew your instance 	

I/We hereby declare and warrant that the above statements are true and complete

Signature :

Date :

No insurance is in force until the Proposal has been accepted by the Company and the premium paid