



MONEY INSURANCE PROPOSAL

BLOCK LETTERS PLEASE

FULL NAME OF PROPOSER

BUSINESS OR PROFESSION

ADDRESS OF PREMISES TO BE INSURED.....

POSTAL ADDRESS (if different from above)

PERIOD OF INSURANCE: Commencement dateRenewal date

TERRITORIAL LIMITS.....

LOSS OF MONEY The Sum Insured shall constitute the maximum amount of money at risk at any one time

- (i) On the Premises described above
 SUM INSURED
 (a) out of sate(s) or strongroom(s) during business hours
 (b) in the locked safe(s) or strongroom(s) specified below.....
- (ii) In any one transit in the custody of the Insured or his duly authorised employee(s)

State here the total amount of all Money in Transit in any one year.

B.DETAILS OF SAFE(S) AND/OR STRONGROOM(S) TO BE INSURED (Complete these columns only if cover is required in respect of damage to safe(s) or strongroom(s))

Make and Manufacturer's Reference Number	Year of manufacture	Size	Weight	Value	Sum Insured

If cover is required for safe(s), please state if permanently fixed to the premises and means of fixing.

Please tick appropriate box

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1.Has any insurer in respect of risks to be covered by this insurance :- | | |
| (a) Declined your proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Refused to renew your policy?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Required an increased premium or special terms?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If the answer to any of the above questions is YES please provide full details below | | |
| | | |
| | | |
| 2.Have you ever sustained a loss in respect of any risk to be covered by this insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

If "Yes" state full details including name of insurance company if one involved.....

3. Is the money on the Premises kept in a locked safe or strongroom when closed for business?

4. What precautions are taken for the safety of the money:
(a) During Transit?.....
(b) Whilst on the premises?.....
(c) In regard to character of employees on engagement ?.....

MONEY INSURANCE

DEFINITION For the purposes of this Insurance "Money" shall mean Cash (Notes and Coins) Cheques Postal and Money Orders and unused Postage Stamps.

COVER PROVIDED

- A. Loss of Money belonging to the Insured or for which he is legally responsible:
 - (i) On the Premises described
 - (a) Out of Safe(s) or Strongroom(s) during business hours
 - (b) In specified locked safe(s) or strongroom(s)
 - (ii) In transit in the custody or charge of the Insured or his duly authorised employee(s)
- B. Loss of or damage to safes/strongrooms specified as a result of money being stolen or any attempt thereat.

SUMMARY OF EXCLUSIONS

- (a) Fraud or dishonesty of employees
- (b) Error or omission.
- (c) Depreciation in value.
- (d) Any consequential loss
- (e) Money in coin or similar operated Machines
- (f) Money with collectors, commercial travelers, outside salesmen or sales representatives
- (g) Money in transit by post.
- (h) War and kindred risks.
- (i) Nuclear Contamination

- 5. Give brief details of the construction of the Premises in which the money will be kept :
Roof..... Walls.....
- 6. (a) How often are journeys with money (as defined) made?.....
(b) State normal method of transmission
(c) What is the normal maximum distance involved?
(d) Are the journeys regular in time and route?.....
- 7. Give particulars of employees entrusted with money in transit:
 - (a) Are they accompanied by an escort?
 - (b) Is the messenger or escort or both armed ?
 - (c) Are the messengers male and over 18 years of age ?.....
 - (d) Normal method of carrying

DECLARATION

I/We declare the truth and correctness of the statements made in this proposal and I/We further declare that no material information has been withheld and I/We agree to render to the Insurer at the close of each Period of Insurance a statement of all money in transit during such period, and I/We agree that this Proposal and Declaration shall be the basis of the Contract between me/us and the Insurer and I/We agree to abide by the terms and Conditions of the Policy.

Proposer's Signature Date.....

CIT - 11/98