

## MONEY PROPOSAL FORM

PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION • TICKS AND DASHES ARE NOT SUFFICIENT

### THE PROPOSER

1. (a) Name of Proposer(s) in full (If a Company, state full legal name)  
 BLOCK LETTERS PLEASE (Mr. / Mrs. / Miss)

(b) **MAILING** Address:

(c) Phone No. (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

(Email): \_\_\_\_\_ (Fax): \_\_\_\_\_ (Other): \_\_\_\_\_

(d) Occupation / Profession / Trade / Business:

(e) State Desired Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_

### THE PREMISES

2. (a) Address of premises to which insurance is to apply:

(b) Block and Parcel:

Block \_\_\_\_\_ Parcel: \_\_\_\_\_

(c) How will the premises be occupied?

Office  Mercantile: Retail/Wholesale  Habitational  Service Industry:  
 Restuarants/Dry Cleaners/ Service Stations  Institutional: Hospital/School/Churches   
 Manufacturing:

(d) How is the Property constructed:-

Exterior Walls:

Interior Walls:

Roofed with:

Type:

Flat  Gable  Hip  Parapet

Floor of:

Foundation:

Solid  Columns  Sealed  Split Level  Other

Specify: \_\_\_\_\_

Number of Storeys: \_\_\_\_\_

Square Footage: \_\_\_\_\_

(e) How is the Property Protected:-

Is the Building protected by a Fire &/or Security Alarm? Yes  No  If Yes, please specify type of system: \_\_\_\_\_

Is the System monitored? Yes  No  If Yes, please give details: \_\_\_\_\_

*(Note: When entering amounts below, do not include crossed cheques, bankers' drafts, postal orders or money orders)*

(f) What is the maximum amount of money at any one time in your Premises when open for business? \_\_\_\_\_

(g) What is the maximum amount of money at any one time in your Premises after business hours? \_\_\_\_\_

(h) Give the following details for any safe or strongroom used for securing money on the premises:-

- o (h.1) Makers name, model # & year of manufacture:
- o (h.2) Weight:
- o (h.3) External & Internal dimensions:
- o (h.4) Is lock & bolt-work resistant to explosives & drills?
- o (h.5) Is safe anchored to structure of the building? If so, what method of anchoring is used?
- o (h.6) How is safe secured (i) by key (ii) by combination lock (iii) by both?
- o (h.7) Maximum amount in safe (or strongroom) when premises are closed?

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### MONEY IN TRANSIT

3 (a) How will the money be transported?

(b) What is the maximum distance of the journey?

(c) How many employees (incl. driver) accompany the money?

(d) What is the estimated annual amount in transit?

(e) What is the maximum amount at any one time in transit?

(f) Do you vary the transit times? Yes  No  if 'yes' specify:

(g) Do you vary the transit routes? Yes  No  if 'yes' specify:

(h) Is money transport to location other than the bank? Yes  No  if 'yes' specify:

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### PREVIOUS INSURANCES

4 (a) Are you now or have you ever been insured against any of the risks proposed?

Yes  No

If 'yes', who was your Insurer:

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(b) Have you or any other Proposer/Director/Officer having interest in this business/entity ever :-

i. Had any insurance refused, been subjected to special terms or been asked to take extra precautions?

Yes  No

ii. Been convicted of, or been charged with but not yet tried for, arson or any offence involving dishonesty or any kind such as fraud, robbery, theft, or handling stolen goods?

Yes  No

If 'yes' to any items, please give full details:

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### CLAIMS HISTORY

5 (a) Have you sustained loss or damage by any of the risks or liabilities you now wish to insure? (All losses must be included whether claim made/paid or not)

Yes  No  If 'yes', please complete the table below:

Date of Loss	Particulars	Total Loss	Amount Paid/Claimed

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**OTHER**

6 (a) Is Assault Insurance required in respect of death or bodily injury sustained as a result of theft or attempted theft?

Yes  No

(b) Are the employees who handle the money insured under a Fidelity Guarantee Policy? Yes  No  if 'yes' state name of Insurer \_\_\_\_\_

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**DECLARATION**

I/We hereby warrant the truth of the above statements. I/We declare that I/We have withheld no information whatsoever which might tend in any way to increase the risk of the Company or influence the acceptance of this Proposal. I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/We further agree to accept a Policy subject to its conditions.

Date:

Signature of Proposer:

\_\_\_\_\_ Please Print Name & Position Held if Company: \_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE ONLY**

Deductible(s) to be applied:

Other:

Rate(s) applied:

Total Premium:

Date Completed: