

MONEY INSURANCE APPLICATION FORM



APPLICANT INFORMATION

Family name: -----

First

Middle/Father's

Last

Address: -----

E-mail address: -----

Situation of premises in respect of which cover is required (if different from above)

	Home	Mobile	Office
Telephone No.:	-----	-----	-----

Occupation: -----

Requested period of insurance: From: -----/------/------ To: -----/------/------

TRANSIT RISKS

Carrying	Wages & Salaries US\$	Other cash US\$	Bills , Stamps , Notes, US\$
Please estimate annual carrying			
How often are journeys made?			
What is the highest sum carried at any one time? -----			
What is the requested limit of insurance per carrying? -----			
Are there transits made other than from your premises to the banks and vice versa? Please describe			
<input type="checkbox"/> Mode of transport	<input type="checkbox"/> Private car	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> On Foot
Others <input type="checkbox"/> please specify -----			
Will all carrying be made during the hours of daylight? -----			
What is the total number of employees engaged in carrying money? -----			
How many persons accompany each transport/carrying? -----			
Will such employees be armed or accompanied by armed guards? -----			
Does authorized staff allowed to stop by at any other premises whilst cash is to be sent / collected to /from bank?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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If yes , please give reason and details -----

Territorial Limits -----

PREMISES RISKS

Please answer the following questions if your required cover for money in premises, when the premises are closed for business or left unattended provided such money is kept in locked safe or strong room

Limits required for insurance

Name of maker safe and maker's description (i.e. fire or burglary resisting)

Age of safe (s)

Weight and dimensions of safe(s)

Is/are the safe(s) anchored or free-standing?

Number of keys and held by whom?

N.B: If more than one safe is used in respect of cash covered, please give details of each safe
Exact location of safe (s) , on which floor

Protection Measures

INSURANCE HISTORY

1. Is there any other insurance on the same interest in force?

☐ No ☐ If yes, please specify name of company & sum insured -----

2. Have you been previously insured?

☐ No ☐ If yes, please specify name of insurance company -----

3. Has the insurance now proposed been declined, cancelled, refused renewed or subjected to special terms by any insurance company?

☐ No ☐ If yes, please specify name of the insurance company: -----

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4. Have you ever suffered any loss for the last 3 years, whether insured or not?

☐ No ☐ If yes, please specify when and estimated loss: -----

MODE OF PAYMENT

Premium payment. Please select one of the following options:

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Direct payment (40% down payment and 60% in 3 months from inception date)
<input type="checkbox"/>	Bank Standing Order or "Domiciliation"
<input type="checkbox"/>	Bank Slip payment
<input type="checkbox"/>	Third Party Collection

STATEMENT

We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the insurers are liable in the terms of this Policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

Name: -----

Date: -----/-----/-----

Signature: _____