

**INSURANCE OF MONEY PROPOSAL**

**EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY**

**DEFINITION: Money means “Current Coin Bank and Currency Notes, Uncrossed Cheques, Postal Orders, Money Orders, Unused Postage Stamps and Meal Vouchers purchased from Third Parties**

**(Please use block capitals and do not leave blanks or answer a question with a dash)**

1. (a) Proposer \_\_\_\_\_  
\_\_\_\_\_ Contact Person \_\_\_\_\_
- (b) Telephone Office \_\_\_\_\_ Cell \_\_\_\_\_
- (c) Email Address \_\_\_\_\_
- (d) Postal Address \_\_\_\_\_  
\_\_\_\_\_
- (e) Number of years in operation \_\_\_\_\_
- (f) The Business (describe fully) \_\_\_\_\_

**THE PREMISES Addresses of Business premises in which money is to be insured)**

- (g) (i) \_\_\_\_\_ (ii) \_\_\_\_\_  
(iii) \_\_\_\_\_ (iv) \_\_\_\_\_  
(v) \_\_\_\_\_ (vi) \_\_\_\_\_

2. Do you have any other policies in force with us? YES  NO
- If “YES”, what type of policies? \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever suffered any loss (whether insured or not) of the kind to be insured at these premises or elsewhere or while Money was in transit? YES  NO

If "YES", please state:

(a) Date of Loss \_\_\_\_\_ (b) Amount \$ \_\_\_\_\_  
(mm/dd/yy)

(c) Nature of Loss or Damage \_\_\_\_\_

4. Have you or anyone with a financial interest in the property to be insured ever had an insurer:

(a) decline your proposal? YES  NO

(b) increase your premium? YES  NO

(c) increase your excess? YES  NO

(d) refuse to renew your policy? YES  NO

(e) cancel your policy? YES  NO

If 'YES' to any of these, please state the reasons together with the name(s) of insurer(s) \_\_\_\_\_

5. (a) Did you make a gain during your last trading year? YES  NO

(b) Do you anticipate being able to pay all the Charges, Debts or Liabilities against you?  
If "NO", please state fully \_\_\_\_\_

6. (a) Do you keep a record of sales? YES  NO

(b) Are your books audited by professional accountants? YES  NO

7. Have you ever insured Money for any of the risks proposed? YES  NO

If "YES", please state the names of all previous Insurers.  
\_\_\_\_\_  
\_\_\_\_\_

8. (a) Are all of the proposed premises of brick, stone or concrete construction roofed with concrete, metal or other hard roof material? YES  NO

If "NO", please give details \_\_\_\_\_

(b) Are there any unprotected external openings? YES  NO

If "YES", give details \_\_\_\_\_  
\_\_\_\_\_

9. Is Money retained in a safe Outside Business Hours? YES  NO

If "YES", state:

(a) Address of premises where safe is located \_\_\_\_\_

(b) Cost of safe and date of purchase \_\_\_\_\_

(c) State whether bought New or Second-hand \_\_\_\_\_

(d) Is it opened by combination or keys? \_\_\_\_\_

(e) How many persons know the combination or have keys? \_\_\_\_\_

Kindly provide details of the safe by completing (C) on the last page of this form

10. (a) State the approximate distance of the Bank from the Premises and how the journey is made (i.e. by vehicle or on foot etc.) \_\_\_\_\_

(b) Is Money accompanied by personnel from a security firm or by your own personnel?

If by your own personnel state how many persons \_\_\_\_\_

(c) Is Money in the hands of collectors, salesmen and the like? YES  NO

If 'YES', how many? \_\_\_\_\_

(d) How often is Money in transit to or from the Bank? \_\_\_\_\_

(e) Is Money conveyed to or from places other than the Bank?

If 'Yes', please give details of the journey \_\_\_\_\_

11. Are security measures employed to protect the Money against the risks proposed for Insurance? YES  NO

If 'YES', please give details overleaf. \_\_\_\_\_

12. Do you have a Fidelity Guarantee Policy covering employees entrusted with money?

If 'YES', with which Insurer? \_\_\_\_\_

13. What is your Estimated Annual Transit amount \$ \_\_\_\_\_

14. Period of insurance from \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

**MANNER AND EXTENT OF COVER REQUIRED**

LIMITS OF LIABILITY  
FOR ANY ONE CLAIM

**1. PREMISES RISKS**

(a) Loss of Money whilst on the Premises:-

(i) During Business Hours

\$ \_\_\_\_\_

(ii) Outside Business Hours contained in locked safe or strong room

\$ \_\_\_\_\_

(iii) Outside Business Hours NOT contained in locked safe or strong room

\$ \_\_\_\_\_

(b) SAFES/STRONGROOMS

Cost of replacement or repair of safe or strong room lost or damaged by theft or any attempt thereat

\$ \_\_\_\_\_

**2. TRANSIT RISKS**

Loss of Money while:-

(a) In transit to and/or from the Bank and any other transit

\$ \_\_\_\_\_

(b) In transit whilst in the personal custody of your Salesmen/Collectors until deposited at the Premises or paid to the Bank on the day of receipt or next working day.

\$ \_\_\_\_\_

(c) In transit by your Directors and at their private residence

\$ \_\_\_\_\_

**3. HOLD-UP AND ASSAULT (Personal Accident)**

Injury by assault or attack to any of your employees entrusted with the Money - Please state how many employees are to be covered?

\$ \_\_\_\_\_

**SECURITY MEASURES - PREMISES**

(A) BURGLAR ALARM: Is it maintained under Contract?

YES  NO

Make \_\_\_\_\_ Installers \_\_\_\_\_

Type \_\_\_\_\_ Age \_\_\_\_\_

(B) GRILL WORK. Gauge of Metal used?

Are Grills or other similar protections securely fitted into the walls to protect all window, louvre and external door openings?

YES  NO

Please state the construction of the external doors not protected by grill work.

	Front	Rear	Side
Wood			
Glass			
Metal			
	Solid/hollow/expanding	Solid/hollow/expanding	Solid/hollow/expanding

(C) SAFE(S): Is it marked burglar proof and/or fire resistant? YES  NO

Make \_\_\_\_\_ Age \_\_\_\_\_

Model \_\_\_\_\_ Weight \_\_\_\_\_

How is the safe secured? \_\_\_\_\_

e.g. Is it fixed into the floor or positioned near a corner and bolted to the wall?

(D) GUARDS/DOGS

	Security Guard/s	Guard Dog/s	Watchman/Watchmen
<b>Number</b>			
<b>Name of firm</b>			
<b>Hours of work</b>			
<b>Areas Patrolled</b>			
<b>Other information</b>			

**DECLARATION**

I/We wish to effect an insurance with GUARDIAN GENERAL INSURANCE LIMITED on the Terms, Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented, misstated, suppressed or withheld and that the premises is/are in good condition and repair. I/We agree that this Proposal and Declaration shall form the basis of the contract between me/us and GUARDIAN GENERAL INSURANCE LIMITED and shall be deemed as incorporated in the Policy issued.

DATE: \_\_\_\_\_  
(mm/dd/yy)

PROPOSER'S SIGNATURE \_\_\_\_\_  
If Company Please Affix Company Stamp