

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

**Important Notice Concerning Disclosure:** It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

"Money" means Cash, Bank Notes, Cheques, Money Orders, Postal Orders, Bills of Exchange and Postage and other Stamps having a monetary value (but not being a stamp collection or part thereof).

**SECTION 1** DETAILS OF PROPOSAL

1. a. Name of Proposer: \_\_\_\_\_  
b. Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
c. VAT No./TRN (where applicable): \_\_\_\_\_  
d. Telephone No./Fax No.: \_\_\_\_\_  
e. Email address: \_\_\_\_\_  
f. Business Occupation or Trade: \_\_\_\_\_  
g. Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_
2. a. Give an estimate of the amount of Money likely to be transported during the period of insurance: \_\_\_\_\_  
b. State the maximum amount of Money likely to be transported by you at any one time: \_\_\_\_\_  
c. Do you wish to insure against loss of Money by housebreaking or by burglary from locked safe or strongroom or by hold-up while in the premises including damage to any safe or strongroom?  Yes  No  
If Yes, state the amount of Money to be insured: \_\_\_\_\_
3. **Personal Accident Assault Cover** is available in respect of compensation (normally not exceeding \$10,000) to any director, principal or employee of the Insured sustaining bodily injury as a result of any person stealing or attempting to steal the insured cash. Do you require this cover?  Yes  No  
If Yes, state the maximum number of persons who will accompany cash any one day: \_\_\_\_\_
4. a. How will the Money be transported?  By public transport  By private transport  
 Security Company  On foot  Other \_\_\_\_\_  
b. What security measures are in place to protect the Money? \_\_\_\_\_  
c. Is the route and time the Money is transported varied?  Yes  No  
d. What is the approximate distance the Money will be conveyed? \_\_\_\_\_
5. Do you have Branch Offices or other locations at which Money or Wages are distributed collected or paid out?  
 Yes  No If Yes, is cover required for these locations?  Yes  No If Yes, please advise the following:  
a. What is the address of branch(es) and the amount(s) for each? \_\_\_\_\_  
b. How is the Money transported? \_\_\_\_\_  
c. How many persons accompany the Money? \_\_\_\_\_  
d. What security measures are in place to protect the Money? \_\_\_\_\_  
e. What is the approximate distance traveled? \_\_\_\_\_  
f. Is Money kept overnight at the branch(es)?  Yes  No  
g. How is the Money protected? \_\_\_\_\_

6. Provide the following details of the safe(s):
- Makers Name/Identification Mark:
  - Dimensions (in  inch or  cm)
  - Weight (in  lbs or  kg)
  - Is the safe built into a wall?
  - Is the safe secured to the floor?
  - Is the safe free standing?
  - Is the safe fire resistant?
  - Is the safe theft resistant?
  - The safe is locked with:
  - Value that is kept in the Safe/Strongroom:
  - How many people have a key/combination?

Safe 1			Safe 2			Safe 3		
L:	W:	H:	L:	W:	H:	L:	W:	H:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Key	<input type="checkbox"/> Combination		<input type="checkbox"/> Key	<input type="checkbox"/> Combination		<input type="checkbox"/> Key	<input type="checkbox"/> Combination	

7. Where are the keys to the safe/strongroom kept when the premises are closed for business? \_\_\_\_\_
8. If you have a strongroom please give a full description of it: \_\_\_\_\_
9. Have you ever suffered loss or destruction of, or damage to, Money?  Yes  No If Yes, please give details: \_\_\_\_\_
10. What steps have you taken to prevent or minimize the chance of a loss reoccurring? \_\_\_\_\_
11. a. Have you ever proposed for similar insurance?  Yes  No If Yes, please state the name of the Insurer: \_\_\_\_\_
- b. Was your proposal accepted?  Yes  No
- c. Has the renewal of your insurance ever been declined or not invited?  Yes  No
- d. Have you ever been required to pay increased premiums or had special conditions imposed?  Yes  No  
If Yes, please give the reason for such: \_\_\_\_\_
12. Please give any other information in your possession that is material to the risk to be insured. Note: 'Material' means any fact that would influence the insurer's judgement in assessing the risk:

**SECTION 2 DECLARATION**

**NOTE:** SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

The foregoing particulars are to be deemed as warranties furnished by me/us

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Proposer Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_