

## MONEY ALL RISKS PROPOSAL FORM

1. **Name of Insured:**
2. **Address of Insured:**
3. **Period of Insurance Proposed: From:** **To:**  
  
**At** **o'clock**
4. **Situation of Risk: (if more than one please attach schedule of Locations)**
5. **Occupancy/Business at Situation:**
6. **Details of Transits:**  
  
**Journeys From:**  
  
**Journeys To:**  
  
**Is the route and time of transit varied?**  
*(please attach schedule of transit commencement and termination points if space insufficient)*
7. **Estimated Total Value of Cash to be transported during the Policy Period on the route or routes specified above?**
8. **Maximum Amount Insured for any one transit:**

9. Is this amount subject to seasonal variations? (Yes/No)
- 9.1. If “yes” please identify seasons/months involved and increased limits required for this period:
- Months:
- Limit Required: (*per Cash Shipment*)
- 9.2. Total Estimated Seasonal Cash to be transported?
10. Is Cash in Safe cover required? (Yes/No)
- If yes:
- 10.1. Maximum Amount to be insured: .....
- 10.2. Makers name and Number of the safe:
- 10.3. Dimension of the Safe :  
Height : ..... Width : ..... Depth : .....
- 10.4. What is the Weight of the Safe:
- 10.5. Is it marked theft/burglar resistant? (Yes/No)
- 10.6. What is the approximate age of the Safe :
- 10.7. Is the Safe securely fixed? If so by what means?
- 10.8. Will the premises be guarded whilst they are closed for business hours .If so, by whom?
- 10.9. Are all the keys in the strong room/Safe removed from the premises after business hours? (Yes/No)
- 10.10. Are all the keys in the Strong room/Safe be handled by any authorised employee of the insured? (Yes/No)
11. Mode of Conveyance:
- Details of messenger (s) required i.e. position, number of able bodied persons accompanying transit.
- 11.1. Detail the means by which the cash will be transported (Standard Vehicle, Armoured Vehicle):
- 11.2. Will the shipments be accompanied by Armed or Unarmed (specify) Security Guards?
- 11.3. If the answer to 11.2. is “yes”, please provide the name of the Security Firm involved:

**12. Loss History:**

Year	Number of Claims	Value of Claims		Single Large Losses	Type of Loss
		Paid	O/S		
Current Year					
Previous Year					
2 Years Previous					
3 Years Previous					
4 Years Previous					

**12. Has the proposer ever had:**

- (a) a proposal for insurance declined or rejected, or special terms imposed by an Insurer?
- (b) a claim under an insurance policy rejected?

**(If the answer to either question 12 (a) or 12 (b) is “yes” please provide details on a separate sheet)**

**13. Is there any other information relevant to the acceptance of this proposal which the Insured knows to be material to the Company’s decision to accept the Risk proposed?**

**Signed for and on behalf of: (Name of Insured)**

**By: (Name and Position/Title of Proposer)**

**Date:**

**NIC No :**


**Company Reg. No :** .....


 .....

**VAT Reg. No :** .....

**S-VAT Reg. No :** .....

**Contact No :**

 : .....

 : .....