



# NATIONAL INSURANCE CO. LTD.

## MONEY INSURANCE PROPOSAL FORM

<b>1</b>	Name of Proposer :	
	Address of Plant :	
<b>2</b>	Nature of Business :	
<b>3</b>	Period of Insurance :	From : <input type="text"/> To: <input type="text"/>

The expression "MONEY" means Cash, Bank Notes, Cheques, Money Orders, Postal Orders, Bills of Exchange and Postage and other Stamps having a monetary value.

<b>4</b>	a) Give an estimate of the annual amount of money likely to be transported :	<input type="text"/>
	b) State the maximum amount likely to be at risk at any one time :	<input type="text"/>
	c) State whether you wish to insure against loss of money by housebreaking or burglary from locked safe or strongroom or by hold-up while in the premises including damage to any safe or strongroom. :	<input type="checkbox"/> housebreaking <input type="checkbox"/> burglary from locked safe or strongroom <input type="checkbox"/> by hold-up while in the premises including damage to any safe
	How much do you wish to be Insured? :	<input type="text"/>
<b>5</b>	a) How will the money be conveyed, i.e. on foot or by private or public conveyance? :	<input type="checkbox"/> On Foot <input type="checkbox"/> Private conveyance <input type="checkbox"/> Public conveyance
	please give details of security arrangements in force to protect money :	
	b) What is the approximate distance the money will be conveyed? :	
	c) If Wages Money is distributed to Branch Offices before being paid away please give the following information:-	
i) Address(es) of branch (es) and amount(s) involved?		
	<b>Address of Branch</b>	<b>Amount</b>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>



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<b>5</b>	ii) How is money conveyed? :		
	iii) How is money protected? :		
	iv) What is approximate distance traveled? :		
	v) Is money retained overnight at Branch(es)? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If so :		
	a) How is it protected? :		
	b) If in locked safe give :		
	i) Makers name and identification mark? :		
	ii) Dimensions? :		
	iii) Whether built in wall or secured to floor? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	iv) If fire or theft resisting? :		
	d) Is cover required for cash at Branch(es) other than wages money? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If so, give details of amount(s) involved? :	<input type="text"/>	
How is it kept? :	.....		
And what type of protection? :	.....		
	.....		
<b>6</b>	Please give full description of the construction of your strongroom :		
<b>7</b>	Are the keys of the safe(s) and strongroom removed from the premises when the premises are closed for business? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>8</b>	Have you ever suffered loss or destruction of or damage to Money? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If so, please give details :		



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<b>9</b>	<p>a) Have you ever proposed for similar insurance? : YES <input type="checkbox"/> NO <input type="checkbox"/> If so, state name of Insurer :</p> <p>b) Was the proposal accepted? : YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>c) Has the renewal of your insurance ever been declined or not invited? : YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>d) Has an increased premium been required or have special conditions been imposed? : YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<b>10</b>	Is the indemnity of the Insurers the only security to be taken? : YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>11</b>	Give any other information in your possession material to the risk to be insured :



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Please read the following declaration very carefully and read again the questions and answers, especially if not completed in your own hand, before signing the form.

**I/we declare that the above answers are true to the best of my/our knowledge and belief and that I/we have disclosed all particulars affecting the assessment of the risk. I/we agree to render at the end of each period of insurance a statement in the form required of the particulars necessary for assessing the premium and to pay premium on any amount exceeding the estimates supplied by me/us. I/we agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.**

**Date :** .....

**Signature:** .....

*Please see next page for Summary of Cover*



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## INSURANCE OF MONEY PROPOSAL FORM

### Summary of Cover

The Insurers are prepared to issue Policies providing an indemnity against

### LOSS OF MONEY

- (a) Whilst being conveyed by messenger and/or employee to or from any of the Insured's premises or contract sites;
- (b) Whilst on any of the Insured's premises by
  - (i) Theft following forcible entry from locked safe or strongroom (including damage to the safe or strongroom) or by
  - (ii) Hold-up

### EXCLUSIONS

The policy does not cover:-

- (i) Shortages due to error or omission;
- (ii) War, civil war, riot, civil commotion, etc. or nuclear risks;
- (iii) Confiscation, detention, nationalisation, requisition or willful destruction by any government, public, municipal, local or customs authority;
- (iv) Loss on premises which at the time are closed unless the money is in a locked safe or strongroom;
- (v) Loss arising through theft by an employee except whilst acting as a messenger and then only if such theft is discovered within seven working days of its occurrence. If the Insured holds a Fidelity Guarantee Policy which also applies the Insurers are relieved of liability under the Money Policy except in respect of any excess beyond the amount which would have been payable under the Fidelity Guarantee Policy had the Money Policy not been effected;
- (vi) Loss from a safe or strongroom following use of the safe or strongroom key or any duplicate thereof belonging to the Insured unless this has been obtained by threat or by violence to any person.