

money insurance application form



Section 1 Applicant details

1 Applicant's Full Name

2 Mailing Address

3 Telephone No.

4 Email

5 Fax

6 Type of Business

7 Address where the money is to be insured

Section 2 Transit and Security details

8 Please describe the transit or journey to be insured and state the approximate distance

9 The method of transportation used for the journey is:

10 Does the route or time of journey vary?

If Yes, give details below:

11 How many persons are engaged in:

a. conveying cash and/or currency notes from the bank?

b. conveying cash and/or currency notes to the bank?

c. paying wages?

12 What special precautions are taken?

13 After cash and/or currency notes are received from the bank at the applicant's premises, are they re-conveyed to other premises or places?

If Yes, are such re-conveyances to be insured?

If Yes, please give details:

14 Are cash and/or currency notes held overnight?

If Yes, are they held in a safe?

If held in a safe, please give the following details:

a. Name of the safe manufacturer

b. Is the safe marked 'Theft resisting' or 'Burglar Proof'?

- c. The cost of the safe , date of purchase and if new or used
- d. The size , weight , and how it is affixed to the building
- e. Who holds the keys and/or combinations?

Section 3 General questions

15 Are any of the employees engaged in carrying cash covered under a Fidelity Guarantee policy? If Yes, name employee(s)

16 Have you ever sustained a loss of the kind to be insured? If Yes, please give details:

17 Have you previously insured against this risk? If Yes, give Insurer and period of cover

- 18 Has any Insurance Company or Underwriter ever;
- a. declined your proposal? If Yes, give details
 - b. required an increased premium or imposed special conditions? If Yes, give details
 - c. cancelled or refused to renew any policy? If Yes, give details
 - d. required you to carry the first portion of any loss? If Yes, give details

19 Are authorized staff allowed to stop by any other premises whilst cash is to be sent to and/or collected from the bank? If Yes, please reasons and details

Section 4 Distribution

COVER FOR

A. MONEY IN TRANSIT

MAXIMUM TRANSIT AMOUNTS IN ANY ONE YEAR

ESTIMATED TRANSIT AMOUNT FOR CURRENT YEAR

1. Wages and salaries drawn from the bank to the applicant's premises until payout within the same day.

2. Cash and/or notes conveyed to the bank from the applicant's premises and vice versa.

A. MONEY ON PREMISES

1. Kept in locked cabinets and/or locked drawers.

2. Kept in locked safe.

Note: The amount given as the maximum transit amount and in locked cabinets and/or safes, at any one time, will be the limit of NAGICO's liability in respect of any one loss.

Section 5 Other Cover

20 Do you require **Personal Accident** cover for employees undertaking the transits?

If yes, state the amount for each employee

Section 6 Period of Insurance

From

To

Section 7 Declaration

I/we the undersigned desire to effect an Insurance with the Company in the terms of the Policy to be issued by the Company against Contractors All Risks as mentioned above, and hereby declare that the answers given to the above questions are true and that I/we have not suppressed, withheld or mis-stated any material fact or any information whatever, which might tend to influence the decision of the Company regarding the insurance. I/we undertake to exercise all reasonable precautions for the safety of the property to be insured and I/we agree that this proposal shall form the basis of the Contract between myself/ourselves and the Company.

Applicant's Signature and Company Stamp

Date

Signing this application does not bind the Applicant or the Company to complete this Insurance.

FOR COMPANY USE ONLY

POLICY NO.

AGENT

UNDERWRITING NOTES

PREMIUM CALCULATION

TOTAL SUM INSURED

RATE

PREMIUM

TRANSIT RISK

PREMISES RISK

ADD TAXES AND FEES