



PROPOSAL FOR MONEY INSURANCE

AGENT:	POLICY No.:
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(IN BLOCK CAPITALS PLEASE)

FULL NAME.....
 FULL ADDRESS..... TELEPHONE No:.....
 TRADE, BUSINESS OR OCCUPATION.....
 BUSINESS OR EMPLOYERS ADDRESS.....

PERIOD OF INSURANCE	FROM:	TO:
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1. State the estimated annual amount of Money in Transit (other than crossed cheques) and limit of liability required in respect of:	Estimated annual amount in transit	Limit of Liability required any one loss
a) Wages Salaries Petty Cash from Bank to Proposer's Premises		
b) Money carried between Proposer's Premises and Bank		
c) Money in hands of collectors until delivered at Proposer's Premises and/or Bank on the same day as received.		
2. State any other circumstances in which money in transit is to be insured		
3. a) How often are journeys with Money made? b) Will all such journeys be made during business hours c) State approximate distance involved and whether journeys are made on foot, or by private or public conveyance? d) How many employees will be engaged in carrying money? e) Will such employees be accompanied by armed guards?		
4. In respect of cash drawn for wages & Salaries: a) What period will elapse after arrival at your premises until paid out? b) What special precautions are taken to ensure safety against robbery when wages and salaries are being made up? NOTE: It is a Policy requirement that all such money not paid out on the day on which it is received from the bank be secured in locked safe or locked strong room in proposal's premises after business hours.		
5. State the limit of cover required for any loss in respect of: a) Money in cashier's locked drawer during business hours? b) Money in cashier's locked drawer after business hours? c) Money in cashier's locked drawer during and after business hours?		
6. Particulars of Safe (If more than one Safe, please give details of each)		
Makers Name.....	Dimensions.....	
Purchase Price.....	Weight.....	
When Purchased.....	Whether marked 'Thief Resisting'.....	
Number of keys and by whom held?.....		
Is it secured to wall or floor?.....		

7. Have you ever sustained a loss of the kind now proposed for insurance?

If so, give full particulars.

8. Has any Insurer in respect of any insurance

- a) Declined your proposal or renewal of your Policy?
- b) Terminated your insurance?
- c) Required an increased premium or special terms?

If so, give full particulars.

9. Are you at present insured? If so, state name of Company.

I/WE HEREBY WARRANT the truth and correctness of the above statements. I/We agree to render at the end of each period of insurance a return of all money carried and to pay any excess premium due. I/We agree that the above Proposal and this warranty and Declaration shall be the basis of the Contract between me/us and the GA Insurance Limited, and I/We agree to abide by the terms and conditions of the Policy to be issued and to take reasonable precautions for the safety of the Money.

Date:

Signature of Proposer

NOTE:

Liability does not attach unless and until the company has accepted this proposal and the premium paid, except as provided by any official covering note issued.