COVER NOTE NO.
Money Insurance Proposal
IMPORTANT NOTICE
COVER FOR MONEY INSURANCE IS PROVIDED SUBJECT TO THE COMPANY'S USUAL TERMS, CONDITIONS AND EXCEPTIONS FOR THIS TYPE OF INSURANCE. A SPECIMEN COPY OF THE POLICY WORDING IS AVAILABLE ON REQUEST.
NO COVER IS IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED IN WRITING BY THE COMPANY.
MONEY INSURANCE
<u>The Money</u> Money means Coins, Bank Notes, Currency Notes, Cheques, Bankers' Drafts, Bills of Exchange, Credit Card Sales Vouchers, Postal Orders, Money Orders, Current Unused Postage Stamps and Revenue Stamps.
The Cover "All Risks" cover on business Money while in transit and in your premises. The standard policy includes automatic cover for B\$2000 for loss of or damage to safe(s) or strongroom(s) in your premises. By payment of an additional premium the limit may be increased.
Extensions The policy may be extended to include Personal Accident "Assault" cover and the risks of riot and civil commotion.

Client A/C No. ..

(please specify)

Married

day

Admin/Clerical

month

Postcode:

month

Sex:

year

Other

Other

ALL QUESTIONS MUST BE FULLY ANSWERED - TICKS OR DASHES WILL NOT SUFFICE

Madam

Date of Birth:

Dr

Marital Status:

Professional/Technical

month

Turnover / (Year): B\$

Partnership

Others

Single

year

Handphone No.:

Managerial

To

Limited Company

day

Name as in NRIC/Passport/Company Registered Name (in Block Letters):

Ms

I/C No./Passport No./Polis/Army No./Business Registration No.:

Director/Owner

day

PROPOSER'S PARTICULARS

Salutation: Mr

Age:

Postcode:

Your Position:

Contact Telephone No.:

Period of Insurance: From

If Insured is a Company

Contact Person & Designation.

Total Workforce: Sole Proprietorship

Address to which proposal relates

Business or Profession/Occupation:

Mrs .

years old

Correspondence Address (in Block Letters):

MONEY WHILE IN TRANSIT

Please complete details relating to maximi migration of ordinary	A American	111-111				•
in the columns provided corresponding to the different transits.	Maximum distance of journey	How is Money transported?	Is transport escorted? It so, is it by employees or security firm? State number of employees/guards and whether armed.	Indicate frequency of Money in transit (e.g. Monthly/Weekly/Daily)	Maximum amount at any one time	Estimated annual amount in transit
In respect of Money for the payment of wages salaries or other earnings.						
(a) Journey either way between the Bank and the Proposer's premises						
(b) Other journeys (details below) :-						
(i) From:						
То:	-					
(ii) From:						
To:						
2. In respect of all other Money ;						
(a) Journey from:						
to:						
(b) Journey from:	-					
to:						
3. Will Money insured be paid out on the day of receipt from the Bank?	YES	ON				
If NO, how long will it remain in your premises?						

MONEY WHILE IN YO	OUR PREMISES					
What is the maximu wages salaries or otl		/ (other than Money for the pa	ayment of			
(a) in safe(s) or stro					-	
(b) outside safe(s) o	or strongrooms(s) wh	nen open for business?				
		en closed for business?				
.,	3 (-, -				··	
5. Give the following d	etails for any safe or	strongroom used for securing	Money :-			
Make, Model and year of manufacturer	Weight and Thickness	Is safe fixed to the wall or floor of the building? If so, how?	Who holds the key and/or combination code?	amou	iximum unt at any ie time.	
					7777	
		ongroom is covered automat ner limit please state the amou				
EXTENSIONS						
7. Please state other ex	tensions you require					
HISTORY						
8 (a) Has any Insurer to renew your N		special terms to insure you or	cancelled or refused	YES	NO	
(b) Have you made	a claim or suffered a	loss from any of the risks now	to be insured?	YES	NO	
If YES to (a) or (b	give the date and f	full details including the name	of the Insurer.			
		·		 		
9. Are your employees who handle the Money insured under a Fidelity Guarantee Policy?				YES	NO	
If YES state name	of Insurer.				· · · · · · · · · · · · · · · · · · ·	
:			·			
	<u> </u>					
	D	ECLARATION BY PROPOSER	?			
correct and I/We have no I/We agree that the state insurance with the Compa	t concealed, misreprements and declarate any and are deemed ne expiry of each per	y confirm that the statements esented or mis-stated any mat tion contained in this propose to be incorporated in the contion of insurance any figures mated in this proposal.	erial fact. al form shall be the ba tract.	sis of the	contract of	
Signature of Proposer			Date			