



**MONEY WHILE IN TRANSIT**

Please complete details relating to maximum distance of journey etc in the columns provided corresponding to the different transits.	Maximum distance of journey	How is Money transported?	Is transport escorted? If 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
1. 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:						
To:						
(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	NO				
If NO, how long will it remain in your premises?						

**MONEY WHILE IN YOUR PREMISES**

4. What is the maximum amount of Money (other than Money for the payment of wages salaries or other earnings)

(a) in safe(s) or strongroom(s) ?

(b) outside safe(s) or strongrooms(s) when **open** for business?

(c) outside safe(s) or strongroom(s) when **closed** for business?


5. Give the following details 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 ?	Maximum amount at any one time.

6. Loss of or damage to your safe or strongroom is covered automatically not exceeding B\$2,000. If you require a higher limit please state the amount.

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**EXTENSIONS**

7. Please state other extensions you require.

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**HISTORY**

8 (a) Has any Insurer declined or required special terms to insure you or cancelled or refused to renew your Money insurance?

YES	NO
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(b) Have you made a claim or suffered a loss from any of the risks now to be insured?

YES	NO
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If YES to (a) or (b) give the date and full details including the name of the Insurer.

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9. Are your employees who handle the Money insured under a Fidelity Guarantee Policy?

YES	NO
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If YES state name of Insurer.

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**DECLARATION BY PROPOSER**

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

I/We agree to supply at the expiry of each period of insurance any figures necessary for premium adjustment and to pay premium on any amount in excess of that estimated in this proposal.

Signature of Proposer	Date
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