



INSURANCE OF MONEY IN TRANSIT PROPOSAL FORM

Proposal No..... Agent Code.....

1. PROPOSER'S DETAILS

Name of Proposer (in full)

Postal Address

Contact No. (Phone/Mobile): Trade (or) Business.....

Fax No.: E-mail (if any)

PROPERTY TO BE INSURED (Please insert "Nil" against items not required)

	Estimated amount in transit during the year	Limit of the Company's Liability for any one loss	How conveyed i.e., on foot, by private or public conveyance	Distance covered (approx)
1. Wages whilst in transit from Bank to Insured's premises as above.	Nu.	Nu.		
2. Cash whilst in transit from insured's premise as above to Post office for purchase of insurance and Postage Stamps.	Nu.	Nu.		
3. Insurance and Postage Stamps whilst in transit from Post Office to Insured's premises as above.	Nu.	Nu.		
4. Wages whilst in Transit from Insured's premises as above to Branch premises, N.B.- Items (1), (3) and (4) as above are held covered at the Insured's premises after receipt on payment of an extra premium subject to Cash and/ or Stamps being kept in Locked safe or locked strong room overnight.	Nu.	Nu.		
5. Cash other than Wages in transit:- a) From Bank to Insured's premises as above b) From insured's premises as above to Bank c) Between Insured's premises as above and Branch premises	Nu. Nu. Nu.	Nu. Nu. Nu.		
6. Cheques, Bill of Exchange, Money Orders, and Postal Orders in transit from Insured's premises as above to Bank.	Nu.	Nu.		
7. Cash collected by employees from the time of collection, during round, and until delivered at the Insured's premises as above or Bank on the day of collection.	Nu.	Nu. (limit of Company's liability during any one year)		
8. Cash other than Wages, secured in locked safe when the	(not	Nu.	(not	(not

Insured's premises as above are closed.	applicable)		applicable)	applicac)
9. Cash other than Wages, whilst contained in the Insured's premises as above whilst occupied for business purposes against "Hold-up"	(not applicable)	Nu.	(not applicable)	(not applica)
10. a) Description of Premises, e.g., Shop, Office, Warehouse, Factory, etc... b) Are the whole of the premises occupied by you? If not, give particulars of other tenants. c) Are the premises occupied at night?	a) b) c)			
11. are the Employees engaged in the Handling of Wages and/or Cash guaranteed under a Fidelity Policy?				
12. If Cash and Stamps are kept in locked safe state: a) Name of Maker & Particulars on name plate b) Name of Safe c) Dimensions of safe d) Whether marked Fire or Thief Resisting e) Number of keys, and by whom held f) Where and on which floor is the safe situated? g) Is it fixed either to the floor or wall? If so, how?	a) b) c) d) e) f) g)			
13. Do you require Cash and/or Stamps in locked safe to be covered overnight?	Yes / No			
14. Have you ever sustained loss from the risks now to be covered? If so, give particulars				
15. a) Have you ever proposed for a similar Insurance? b) If so, to whom, and with what result? c) Has your insurance ever been declined, renewal not invited, or special conditions imposed?	a) b) c)			

FOR OFFICE USE ONLY

Estimated Sum Insured	Nu.	Rates of premium	
Annual premium	Nu.	Deposit premium	Nu.
Total transaction	Nu.	Premium charged	Nu.
Balance premium after adjustment	Nu.	Total transaction	Nu.

I/ We desire to effect an insurance in accordance with the above Proposal and agree to render at the end of each period of insurance statement of the property insured in transit during the period of insurance.

Signature of the Proposer

Date.....

YOUR INSURER OF CHOICE

Chorten Lam, Post Box no.779, Ph.339893/339894, fax. 339895, Toll Free: 201