

MONEY INSURANCE PROPOSAL FORM

FULL NAME OF PROPOSER (S)

ADDRESS.

TRADE OR BUSINESS.

TELEPHONE NO. TELEX NO..... FAX NO.....

TELEPHONE NO (S).....FAX NO.....

CIRCUMSTANCES AND SITUATION	LIMIT OF LIABILITY
(i) Any Single Loss Money i.e. cash, securities for money bank and currency notes; cheques, money orders, current postage and revenue stamps and unexpired units in franking machines - secured in locked safe or strongroom whilst in the premises out of business hours	SR.....
(ii) Any Single Loss of such Money NOT secured in locked safe whilst in the premises out of business hours.	SR.....
(iii) Any Single Loss of Money in residence of the Insured or employees.	SR.....
(iv) In respect of any other single loss of such Money.	SR.....

Please state estimated amount of money to be carried in transit other than non-negotiable cheques or similar instruments in connection with your business for the next 12 months.....

INFORMATION TO BE PROVIDED BY PROPOSER

1. What is the approximate distance to the bank from you/premises?
2. How are journeys made (e.g. on foot, by car or security company).....
3. How many adult employees accompany the money?
4. Give details of any other special precautions taken.....

5. Is money carried to any other premises besides the bank ? If so give full details.....

6. Have you ever had a proposal for insurance of any kind or renewal of policy, declined or policy cancelled ? If so give particulars.....

7. Have you ever sustained any losses in respect of any of the risks against which you now wish to insure ? If so give details...

8. Are your Premises occupied at night and by whom ?
9. Are your premises in your sole occupation?
10. Please give the following particulars of all safes and strongrooms.
 - (a) Maker's name and date of manufacture.
 - (b) Outside dimensions (in centimetres).....
 - (c) Weight and if anchored to ground.
 - (d) Situation and position in the premises.
 - (e) Replacement value of safe / strongroom.
 - (f) Are the keys of all Safes removed from the Premises when the Premises are closed for business ?
11. Do you wish to insure against personal injury consequent upon assault by thieves?

Declaration: I/We declare that to the best of my/our knowledge and belief the information given on this proposal is true and that I/We know of nothing else which I/We think the company should be told in considering this proposal.

I/We agree that this proposal shall be the basis of the contract between me and The Mediterranean & Gulf Cooperative Insurance & Reinsurance Company P.S.C.

Date:

Signature of Proposer

Important: No insurance is in force until the Proposal has been accepted by the company.