

## Proposal for Insurance of Money

Answer in Block Capitals

### Insured

Name-----  
Address-----  
-----  
Business-----  
The Premises (*If different from Above*)  
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### Transit Risk

1. State estimated amount of money (other than crossed Cheques, crossed money orders and crossed postal orders) carried annually to and from bank or post office.
2. Limit to apply to any single loss of money in transit or in the premises during business hours.
3. a) How far is the bank or post office from the premises?  
b) How is the journey made (e.g. by car, on foot etc.?)  
c) How many adult males accompany the amount in transit?  
d) Is the route and time of transits varied?  
e) How often is money banked/withdrawn?

  
  
  
  
  
  
  
  

### Premises Risk

4. Are the Premises occupied at night? If YES by Whom?
5. Details of sales and strong rooms and money to be insured out of business hours.

Yes/No

Make & Model	Date of Purchase	Replacement Cost	External Dimension	Is Safe Anchored? If so How	No. of keys	By Whom held	Limit Required

6. Is cover required for money held in a locked drawer or cabinet in the premises?  
If Yes, State sum insured required. The sum insured should represent the maximum amount held in any one drawer or cabinet.
7. Are the keys of all sales/strong rooms and drawers/cabinets removed from the premises out of business hours? If No, Give Details

Yes/No

Yes/No

8. Have you a Fidelity guarantee Policy covering the employees Entrusted with money?

Yes/No

If Yes, give name of insurer.

9. Money(Consisting of crossed Cheques, crossed money orders and crossed postal orders) Whilst in transit and in the premises can be covered without charge up to the currency equivalent of £50,000  
State whether cover is required.  
If Yes, Please indicate amount of cover required.

Yes/No

### Clams/insurance History

10. Give particulars of all losses sustained by you in respect of this class of insurance in the last three complete years.

11. Has any insurer ever declined your insurance, cancelled or refused to renew your insurance?  
If yes, Give details.

Yes/No

### Extensions To Standard Policy

12. Do you require cover for personal assault?  
See prospectus for details.

Yes/No

13. Contract Sites: Do you wish to cover money in transit or on site?  
If yes, State

- a) Maximum amount of money per transit  
b) Estimated amount carried any one year  
c) Distance of transit/method of transport /numbers of staff Accompanying transit  
d) How is money held at contract site(e.g. type of safe)

14. Do you wish to cover money in the hands of collectors, (delivery roundsmen) or travellers?  
If yes, State

- a) Estimate total amount collected annually  
b) Maximum amount held by any one person at any one time  
c) Number of such persons to be insured

15. State date cover is to commence

### Declaration

I declare that the statements and particulars given in this proposal are to the best of my knowledge and belief true and complete and that this proposal shall form the basis of my contract with **Libano-Suisse S.A.L.**

I agree that the proposal will not be in force until the proposal has been accepted by the Company except to the extent of any official cover note which may be issued

Signed \_\_\_\_\_ Date \_\_\_\_\_