



Askari General Insurance Company Ltd.

MONEY INSURANCE PROPOSAL FORM

ALL QUESTIONS *MUST BE ANSWERED*

THE PROPOSER:

NAME IN FULL: _____

POSTAL ADDRESS: _____

Postal Code (if any) _____ TRN: _____

TELEPHONE No(s): _____ e-mail address: _____

Cell, No(s) _____ Provider(s): _____

TRADE or BUSINESS: _____

ADDRESS(ES) OF PROPOSER'S PREMISES: _____

1. DETAILS OF TRANSITS	
a) How is money conveyed between your premises and the Bank?	
b) What is the distance from your premises to the Bank?	
c) Is the route a frequented one?	
d) How many persons are engaged in carrying the cash?	
e) Do the same persons always go?	
f) What is their position?	
g) Has their record always been satisfactory?	
h) How many days a week is cash carried?	
i) How many journeys are made on each day?	
j) What special precautions are taking?	
k) State if money is distributed to branches	
l) Any other transits other than in a) above? (If so, describe)	

2. DETAILS OF PREMISES RISKS	
a) Address(es) of Premises with safe(s)/strongroom(s)	
b) Where in the premises is/are the safes/strongrooms situated? (i.e. what part and/or floor of the premises)	
c) Number of keys to safe(s)/strongroom(s) and position of holders (if applicable)	
d) Number and positions of persons who have combinations (if applicable)	
e) Details of receptacle(s) (other than safe/strongroom) in which	

money is kept (if applicable) – Nature of receptacle, where kept, who holds key (position)?

3. DETAILS OF SAFES AND STRONGROOMS

Maker's name and particulars on name-plate	Maker's No.	Size	Weight	Method of fixing safe	New or 2 nd hand	Purchase date	Cost Price

4. MONEY IN TRANSIT

a) Crossed Cheques, crossed money or postal orders, if to be covered:

- i. Estimated annual transit: _____
- ii. Sum to be insured any one loss: _____

N.B. – In respect of the following questions the term 'Money' should **NOT** include Crossed cheques, crossed money or postal orders

b) Money to be Insured

1) Whilst in transit between the Premises and the Bank or Post Office:

- i) Estimated total amount in transit annually _____
- ii) Maximum sum carried at any one time _____

2) In respect of any other transit (e.g. whilst in possession of salespersons, or carried by directors or authorised employees to or from their residence) describe transit and state maximum sum carried at any one time _____

5. PREMISES RISKS	LIMIT OF LIABILITY		
	(i)	(ii)	(iii)
A. MONEY AT INSURED'S PREMISES			
a) During Business hours			
i) in a locked safe or strong room			
ii) other than in a locked safe or strong room			
b) Out of Business hours			
i) in a locked safe or strong room			
ii) other than in a locked safe or strong room			
B. OTHER PREMISES			
i) in a night safe at a bank			
ii) at director's, partner's or employee's residence			
iii) other situation - describe			

GENERAL	
6.	Are the Premises occupied at night? If so, by whom?
7.	Have you ever sustained a loss of the kind to be insured? If so give particulars
8.	Has any Insurer declined to accept, or refused to renew Your insurance, or increased your premium, or required special terms or additional precautions to be taken? If so, state name of Company and dates.
9.	Do you hold any other Policies ? If so, please advise type of policy.

PERIOD OF INSURANCE FROM _____ TO _____

Dated _____

Signature & Stamp _____

I hereby declare that answers given above are in every respect true and correct, and that I have not with-held any information within my knowledge likely to affect the decision of the company as to my eligibility for this Cover.