



MONEY INSURANCE PROPOSAL FORM (CIT/ CIP)

Please provide the following information to quote Money Insurance. All questions are required to be answered completely.

1	QUESTION	ANSWER
	Name and address of Insured Company/Group.	
2	The Insured Type of Business Activities.	
3	Insurance Requirement	
a)	Cash In Transit <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
	Maximum Any one carrying limit:	
	Estimate Annual carrying limit:	
	Transit details (Money transit from where to where)	
b)	Cash In Safe (During Non-business hour) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
	Number of safe and location of each.	
	Maximum Amount kept in safe at any one time	
	Safe Details (Make / model / weight / fixed with steel etc.)	
c)	Cash In Counter/Drawer (During business hour) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
	Maximum Amount kept in counter/Drawer at any one time	
4	Please provide 5 years loss History	

DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Signing this Proposal Form does not bind the Proposer or the Insurers to complete this Insurance.

Name of authorized signatory _____ Title/Position _____

Signature _____ Date _____