

PROPOSAL FORM

Money Insurance



Before any question is answered please read carefully the Declaration at the end of this proposal, which you are required to sign. Check Yes / No boxes as appropriate.

A. GENERAL

1(i) Registered name and address of proposer.

(in this proposal form 'you' refers to the answer to this question)

(ii) Please give Addresses of Head office/branch offices/ATM booths.

Premises 1

Premises 2

Premises 3

(Continue on a separate sheet if necessary)

Main office tel.no.

Main office fax.no.

2. How long established?

3. Please list Officers and Directors of Company; and state Security experience for key personnel.

(Continue on a separate sheet if necessary)

B. RECORD

4. Has the proposer suffered a loss during the past 5 years?

If "Yes" give brief details and amount involved.

5. Have you been insured with another Company? If so with whom?

6. Has your Insurance ever been refused, cancelled or had special terms imposed?

If Yes, please give details.



C. AMOUNTS INSURED

7. What Limits of insurance do you require for insured property:

- (a) whilst in anyone armoured vehicle at anyone time?
- (b) whilst outside an armoured vehicle at anyone time?
(i.e. pavement risk)

(c) Do you require coverage for vaulting operations within your secured premises

Yes	No
Head Office	Branches (Please continue on separate sheet and list each branch)

- (a) Vault
- (b) Safe

D. AMOUNTS EXPOSED

8. What are actual carryings for the last 12 months?

Cash [banknotes]:

Coins:

Securities -negotiable

-non negotiable

Travellers Cheques;

10. Please advise the total average aggregate value held in your vaults overnight for which you are fully responsible during the last 12 months.

Cash [banknotes]:

Coins:

Bullion:



Securities: -negotiable
-non negotiable

Travellers Cheques:

11. What is the maximum value of anyone sending or conveyance at your liability?
- (a) Cash [banknotes]:
(b) Other valuables
12. What is the maximum value of any one sending or conveyance at the liability of the carrier (please specify carrier)?
- (a) Cash [banknotes]:
(b) Other valuables
13. Further to 12 above, do you require contingent coverage to that of the carriers liability? Yes No

E. PROCEDURES & MANNING

14. Will your premises be manned 24 hours a day? Yes No
(if No, give details of procedures & protection-
continue on separate sheet if necessary)
15. What is the minimum number of personnel on duty
- During closed periods
Armed: Unarmed:
- During closed periods
Armed: Unarmed:
16. Do your operating procedures require that liability be exposed within your secured premises other than whilst in vault or safe. Yes No

If yes, give full details of exposure and procedures and protection,

- (a) During normal working hours
(b) Closed periods.



17.

- (a) What is the minimum number of personnel on duty at the terminal during hours of operation?
- (b) Describe access controls

H. PHYSICAL SECURITY

18. State make and model of your vault and safes.

	Make	Model	Size	Weight	Age [if known]	Rating [if classified]
Safe 1						
Safe 2						
Safe 3						
Vault 1						
Vault 2						
Vault 3						

19. Specify the alarm systems that protect:

- (a) Safes
- (b) Vaults
- (c) Premises

(continue on separate sheet if necessary)



20. How many members of your organisation have been entrusted with:

(a) Keys?

(b) Alarm Code?

(c) Vault/Safe combinations?

Confirm that no one person has access to keys, alarm code and combinations that would allow sole access.

Yes

No

21. Do you practice dual control for opening/closing of all safes and vaults?

Yes

No

If No, please give details - continue on a separate sheet if necessary.

22. When was the last date that the combination to safe/vault was changed.

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS, PARTICULARS AND ANSWERS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS. **I/WE** AGREE THAT THE STATEMENTS, PARTICULARS AND ANSWERS CONTAINED HEREIN SHALL CONSTITUTE PART OF THE PROPOSED CONTRACT AND THAT ANY ALTERATION OR VARIATION OF PROTECTIONS AND/OR SAFEGUARDS AND/OR PROCEDURES AND/OR EQUIPMENT TO THE DETRIMENT OF INSURER WILL NOT BE MADE WITHOUT THE KNOWLEDGE OF INSURER.

IT IS FURTHER AGREED THAT THE CONTAINED ACCURACY OF THE STATEMENTS, PARTICULARS AND ANSWERS SHALL BE A CONDITION PRECEDENT TO UNDERWRITERS LIABILITY UNDER THE PROPOSED INSURANCE.

FULL NAME:

STATUS IN THE PROPOSER'S ORGANISATION:

SIGNATURE:

DATE:

