

**PROPOSAL FOR INSURANCE OF MONEY
(whilst in transit and on the premises)**

Proposer's Information	<input type="checkbox"/> New client	<input type="checkbox"/> Existing client
Name or company: _____		
Identity No./Company Registration No.: _____ Occupation/Work: _____		
Correspond address: _____		
_____		Town: _____ Post Code.: _____
Email: _____ Telephones: _____ / _____		

"MONEY" shall mean Bank Notes, Currency Notes, Current Coin, Cheques, Postal Orders, Money Orders, and Current Postage Stamps

MONEY IN TRANSIT			Limit of Liability Maximum amount carried anyone time	Estimated Annual Carrying
A	BANK TO PREMISES	(1) Money drawn from Bank and/or Post Office for payment of wages and salaries (if wages and salaries are not paid away on the day drawn from the Bank and/or Post Office, state maximum amount of such moneys held in locked safe or strong room out of business hours (if none, state "NIL")) (2) Money (other than wages and salaries) drawn from Bank and / or Post Office-----	-----	-----
B	PREMISES TO BANK	Money in transit from Proposer's Premises to Bank And/or Post Office -----	-----	-----
C	TRAVELLERS AND COLLECTORS	Money (other than A and B above) collected by employees for delivery to Proposer's Premises or Bank subject to delivery being made on the same day as received -----	-----	-----
D	OTHER TRANSITS		-----	-----

MONEY ON THE PREMISES (other than under A)

E	DURING BUSINESS HOURS	Money (other than described in section A (1) above) whilst contained in a locked safe or strong room in the Proposer's premises during business hours. Give total sum insured		
F	OUTSIDE BUSINESS HOURS	Money (other than described in section A (1) above) whilst contained in a locked safe or strong room in the Proposer's premises out of business hours. Give total sum insured		



Please give particulars of safe and strong rooms in which money is contained out of business hours.

Maker's Name and Number	Size and Weight	Whether marked "Thief Resisting"	Whether fixed to floor or wall	Value of Safe	Maximum amount of money therein
1.					
2.					
3.					

1. Please state for Transits A and B (a) The frequency of the journeys (b) Method of conveyance (c) Maximum distance (d) Number of employees engaged at any one time.	(a) (b) (c) (d)
2. What precautions are taken to ensure the safety of money on the premises during business.	
3. Are the Premises occupied at night? If so, by whom?	
4. Do you hold any Fidelity Guarantee on your employees? If so, with whom?	
5. Have you ever sustained the loss of any money? If so, please give details.	
6. Have you had insurance in respect of loss of money declined, cancelled or subjected to special terms by an Insurer? If so, please give particulars.	

DECLARATION

I/We declare that the above statements are true and that I/we have not withheld or concealed any material information, and I/we hereby agree that this proposal and declaration shall form the basis of the contract between me / us and **Atlantic Insurance Co. Public Ltd** and I/we to accept a policy subject to the terms, conditions prescribed therein.

Date.

Signature of Proposer.