

# PROPOSAL FOR MONEY INSURANCE

## AGENT / BROKER / BRANCH

Name	
Code No.	

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.  
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

(The policy includes cover for loss of cash arising from INFIDELITY OF CASH CARRYING EMPLOYEES.)

### GENERAL INFORMATION

1.	Full name of Proposer (s) including Trading Name (if any)				
2.	Postal Address	.....			
		.....			
3.	Telephone/Fax Nos/E-mail.	Home Telephone		Office Telephone	
		E-mail			Fax
4.	Location of risk if different from postal address				
5.	Full description of business, trade or occupation				

		Day	Month	Year
6.	Policy to commence on	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Policy to be renewed on	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	How long have you been in business?	<input type="text"/>	Years	
8.	In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are, or have been engaged:			
(a)	has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms? If "Yes" give details.	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

(b) Have you suffered any loss of money within the last 5 years through the dishonesty of employee(s) or by any other means? If "Yes" state the circumstances and the steps taken to prevent a recurrence :

Yes  No

Date of Occurrence	Details of Loss	Amount involved
.....	.....	.....
.....	.....	.....

**THE FOLLOWING RELATE TO CASH, BANK NOTES POSTAL ORDERS & MONEY ORDERS**

9. Please give :

(a) In the space below full details of transits including points of collection and delivery

(b) Estimated total annual carrying of money to and from bank or any other place of payment or collection (excluding carriage by a security company)

Rs.

(c) (i) Limit to apply to any single loss of money (This should be the maximum loss which could be sustained at any one time, whether on the premises or during transit).

Rs.

(ii) Maximum limit for bonuses & special payments upto a maximum of twice a year.

Rs.

(d) (i) Details of Safes, Strongrooms and of Money therein to be insured out of business hours.

N.B. Please complete, if only limit required exceeds Rs.50,000/- . Cash held overnight should be in locked safe.

Location	Make of Safe	No. of Keys	By whom held	Maximum amount at risk
				Rs.
				Rs.
				Rs.

(e) Whether any cash is held overnight other than in a safe? If so how much? (Automatic cover is provided upto Rs.10,000/- any one loss outside safe)

Rs.

The following security arrangements shall be provided depending upon the actual amount of cash carried:-

- (i) Where the amount of cash carried exceeds Rs. 200,000/- but is less than Rs. 1 Million, it shall be accompanied by at least 2 employees;
- (ii) Where the amount carried is more than Rs. 1 Million, but is less than Rs. 7.5 Million it shall be transported in a Private Motor vehicle only, accompanied by at least 2 employees.
- (iii) Where the amount carried exceeds Rs. 7.5 Million, it shall be transported in a Private Motor vehicle, accompanied by at least 2 employees and additionally the carriage of money is protected by armed guards.

10. Please indicate how cash is carried to or from banks, and how accompanied.

11. (a) Is money in the hands of the security company to be covered? Yes  No   
**(We recommend that you do so)**

(b) Name of Security Company

(c) (i) Estimated Annual Carrying  Rs.

(ii) Maximum any one Carrying  Rs.

(d) Whether the security company accepts full liability for loss of all money in thier custody? Yes  No

12. Are the keys of all safes/strongrooms removed from the premises out of business hours? Yes  No

13. If money is in the hands of collectors (e.g.) travelling salesman, purchasing officers etc, who handle or collect cash outside your premises, please state :

a. Estimated total amount collected annually  Rs.

b. Maximum amount held by any one such person at any one time.  Rs.

c. Number of such persons

d. If money is held overnight by these persons, what arrangements are made for its protection (Indicate below)

14. Do you require cover against Riot & Strike Risks ? Yes  No

15. Do you require cover against Terrorism Risk up to a sum of Rs. 1.5 Million ? Yes  No

**Note**

(i) Damage to clothing & personal effects of your employees following robbery or any attempt thereat is automatically covered upto a maximum of Rs.2500/-.

(ii) Personal Accident cover is automatically provided to those employees who suffer death or bodily injury (as described in the policy) whilst actually carrying/handling cash on behalf of the company (maximum any one person Rs.100,000/-)

**Very Important**

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

**DECLARATION**

I/we declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

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Signature : .....

**FOR OFFICE USE**

Rated By		Processed By	
Rate Approved By		Authorised By	Authorised Date