

PROPOSAL FOR MONEY INSURANCE

AGENCY: POLICY NO.:

FULL NAME OF PROPOSER:

POSTAL ADDRESS:

BUSINESS (if more than one, state all):

PERIOD OF INSURANCE: From To:

DEFINITION

THE TERM MONEY SHALL BE DEEMED TO MEAN AND TO INCLUDE CASH BANK AND CURRENCY NOTES, CHEQUE (WHETHER OPEN OR CROSSED) POSTAL ORDERS, POSTAGE ORDERS, POSTAGE REVENUE STAMPS AND HOSPITAL TAX STAMPS AND STAMPED CARD BELONGING TO THE

1. Address if premises where Money is to be insured:

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STATE LIMIT OF COVER REQUIRED	A	LIMIT OF LIABILITY ANY ONE LOSS
Money in transit	B	
Money in safe or strong room	C	
Money on premises during business hours	D	
Money in residence of the Proposer's authorized Employees	E	
Money in custody of Proposer's senior staff	F	

N.B.

COVER UNDER D, E & F NORMALLY RESTRICTED TO ₵100,000.00 ANY ONE LOSS. COVER MAY BE INCREASED ON APPLICATION TO THE COMPANY GIVING FULL DETAILS OF SECURITY SYSTEMS ETC.

4. (a) What are the names and addresses of the Bank/Post Office?

And how far is the Bank or Post from the premises?

(b) How is the journey made? e.g. on foot or by public or private

(c) What is the number of adult males accompanying the money during each journey?

(d) What special precautions are taken?

5. Give details of safes or strong rooms on the Proposer's premises:

Maker's Name & Address	Size & Weight	Whether Marked Thief Resisting	How is Safe fixed to the Structure	Purchase Date	New or Second	Cost Price	Present Estimated

6. Who has possession of keys to the safe(s) or strong room(s)?

7. Are your employees insured under a Fidelity Guarantee Policy? Yes

8. Have you ever sustained a loss of the kind now to be insured? Yes No

If so, please give details:

9. Has any Insurer at any time in respect of this type of insurance or Burglary, Fire or All Risks insurance or Fidelity

(a) declined to insure you?

(b) asked for increased premium or for special terms?

(c) cancelled or refused to renew your insurance?

(d) name of company or underwriters to be given

10. (a) Have you any other insurance of this type in force?

If so, please give particulars.

(b) Have you any other insurance with the Company?

DECLARATION

I/We hereby declare that the above statements and particulars are true and I/We have not withheld any information affecting the proposed insurance and I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property. I/We agree that this Proposal, Declaration shall be the basis of the Contract between Me/Us and the HOLLARD INSURANCE GHANA LIMITED, and to accept the Company's usual policy applicable to the insurance.

Date:

Signature:

The liability of the Company does not commence until acceptance of the Proposal has been intimated by the Company or an official Cover Note issued.