

## MONEY INSURANCE - PROPOSAL FORM

1.	Name of the Proposer in full (IN BLOCK LETTERS)	
2.	Address for communication P.B. No. P.C. No. Location	
3.	Tel. No GSM No. Fax. No. Email Id	
4.	The premises (If different from above)  House/Flat/ shop No.  Building No.  Way No.  Location No.  Wilayat  Region / Governorate	
5.	<p><b>Transit risk</b></p> <p>a. Estimated annual amount of money in transit.</p> <p>b. Highest amount in transit at any one time (limit of liability for any one loss).</p> <p style="padding-left: 20px;">i. What is the maximum distance over which money will be carried?</p> <p style="padding-left: 20px;">ii. Address of premises between which money will be carried.</p> <p style="padding-left: 20px;">iii. How is the money carried? (In bags, box etc.)</p> <p style="padding-left: 20px;">iv. Are the persons carrying money accompanied by armed</p>	





	guards? If not, what protection if any, provided.  v. Designation of employees carrying money.			
6.	<b>Premises Risk</b>  a) Cover required for money held in locked safe or strong room?  If yes, maximum amount of money held in safe / strong room.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	b) Cover required for money held in counter during business hours. If yes, maximum amount of money held in counter.  c) Safety measures available in the premises after business hours (Security guard, Burglar alarm etc.)  d) Details of safe and strong rooms and money to be insured out of business hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Make & Model	External Dimensions & Weight	Is Safe anchored	Identification No.
7.	Do you have a Fidelity guarantee policy covering the employees entrusted with money? If yes, give name of the insurer.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	Give particulars of all losses sustained by you in respect of this class of insurance in the last three complete years.			
9.	Has any company ever declined your insurance, cancelled or refused to renew your insurance? If so, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10.	Period of insurance required	From	To	





## DECLARATION

I/ We understand and agree that the information disclosed in this proposal will form the basis of the insurance contract. I/ We also declare that the information and details mentioned in this proposal are correct to the best of my / our knowledge and if proven otherwise in any respect, the insurance contract will become null and void without any notice.

Place:

Date:

Signature of the Proposer

### NOTE:

The contract will not be in force until the proposal has been accepted by the Company. This contract is governed by the insurance regulations of The Sultanate of Oman.

