

MONEY INSURANCE PROPOSAL FORM

1. INFORMATION

a) Broker Name (if any)

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b) Name and address of Insured company/Group

Please provide your full address, commercial name, telephone, fax and P.O. Box

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c) The Insured Type of Business/ Activities

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d) Period of Cover /insurance required

(If not Annual; please advise the period)

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e) Annual Turn Over

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f) Types of insurance requested

Cash in Safe

Cash in Transit

Fidelity Insurance (indemnity to Employers against any direct financial loss, including loss of goods, caused by fraud or dishonesty of employees)

Other, please specify:

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2. COVERAGE REQUIRED

(PLEASE ANSWER ALL BELOW QUESTIONS)

Transit Risks

	Estimated aggregate amount in year	Liability any one loss
a) Transit to and from Premises: On Cash as specified DRAWN FROM THE BANK OR POST OFFICE for wages, salaries, petty cash or sundry payments, from the time of handing over at the Bank or Post Office Counter, whilst in transit until arrival at the Insured's Premises or other places of disbursement and IN RESPECT ONLY OF WAGES AND SALARIES whilst there until paid to the employees or otherwise disbursed and on Cash as specified IN TRANSIT TO THE BANK OR POST OFFICE from the time of leaving the Insured's Premises until paid in at the Bank or Post Office.		
b) Cash Collection: On Cash as specified collected from customers or clients, whilst in the personal custody of the Insured or authorized employees of the Insured, until deposited at the Insured's Premises or paid in at Bank or Post Office on the day of receipt or next working day.		
c) Other transits Please give full details.		

Please note: The premium under Section (a), (b) and (c) above is PROVISIONAL and is subject to adjustments on the actual amounts in transit during currency. (Cross cheques and cheques for drawing cash need not be declared).

3. PREMISES RISKS

	Liability during any one period of Insurance
a) On Cash as specified (additional to undisbursed wages and salaries insured under item (a) above) whilst anywhere within the Insured's Premises during business hours, and whilst in locked safe or strong-room when the said Premises are closed.	

4. PROTECTION

a) Describe fully the method of transits, number of persons accompanying the cash and the measures you take for protection of the Cash whilst in transit and, in respect of wages or salaries, whilst on your premises.

i) Transits to and from the premises.

ii) Cash collection

iii) Other transits

b) Details of Safe (s)

i) Maker

ii) Maker's description, i.e. Fire or Burglary, etc...

iii) Weight and dimensions

iv) Whether and how made a fixture

PLEASE USE THIS SPACE TO RECORD THE ANSWERS TO ANY QUESTIONS FOR WHICH YOU REQUIRE ADDITIONAL SPACE, NOTING THE APPROPRIATE QUESTION NUMBER.



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5. PREVIOUS INSURANCE AND CLAIMS EXPERIENCE

a) Have you ever sustained a loss whether insured or not?

Yes

No

if 'YES' please give details, dates and amount:

b) Do you currently hold or have previously held any Money Insurance?

Yes

No

if 'YES' please give the following details:

i) Who is the current insurer?

iii) Total Sum Insured

iv) Paid Annual Premium

c) Have you lodged any claim in the last 3 years?

Yes

No

if 'YES' please give details:

d) Have you been refused insurance of this nature or had your policy cancelled in the past?

Yes

No

if 'YES' please give details:

6. DECLARATION

SIGNING THIS PRPOSAL FORM DOES NOT BIND THE PROPOSER/YOU OR THE INSURER/US/DUBAI INSURANCE CO. TO COMPLETE THIS INSURANCE

I/We warrant that the above statements made by me/us or on my/our behalf are true and that nothing materially affecting the risk has been concealed. I/We agree to keep the records necessary for the due adjustment of the premium and render within thirty days from the end of each period of Insurance a return of actual aggregate amounts of Cash in Transit or otherwise at risk during the said period of Insurance in accordance with the terms of the Policy. I/We agree that this proposal shall be the basis of the contract between me/us and DUBAI INSURANCE COMPANY and I/We also agree to accept a Policy in the Company's usual form for this class of insurance.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

SIGNATURE:

DATE:

NAME:

POSITION: