



MONEY INSURANCE PROPOSAL FORM

Proposer's Full Name	:	_____
Postal Address	:	_____
Identity or C.R.No.	:	_____
Telephone No.	:	_____ Fax No.: _____
Trade or Business	:	_____
Address(es) of Premises	:	_____ _____
Insurance Required	:	From _____ To _____

LIMITS OF LIABILITY REQUIRED:

(i)	Any single loss of Money i.e., cash and currency notes, cheques, bank drafts, money orders, securities for money, current postage and revenue stamps and unexpired units in franking machines all secured in locked safe or strong room whilst on the premises during and out of business hours (including the cash relating to business lying at residence of principal, director or any employee of cash dept)	SR. _____
(ii)	Any single loss of such Money NOT secured in locked safe or strong room whilst on the premises during business hours.	SR. _____
(iii)	Any single loss of Money being transacted for wages and salary	SR. _____
(iv)	Any single loss of Money being transacted for other than wages and salary	SR. _____
(v)	Any other transit between the specified places for any reason from _____ to _____	
(vi)	Estimated amount of money in transit in connection of business during next 12 months	

ADDITIONAL INFORMATION TO BE PROVIDED BY PROPOSER:

1.	What is the approximate distance to your bank(s) from your premises? _____
2.	How are the journeys made (e.g. on foot, by car or security company)? _____
3.	How many adult employees accompany the Money during transportation? _____
4.	Give details of any other special precautions taken during transportation of Money: _____

5.	Is your Money carried to / from any other premises besides the bank? If Yes, full details: _____
6.	Are your premises occupied at night? If yes, by whom? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
7.	Do you wish to insure against bodily injury consequent upon assault by thieves? _____
8.	Are your premises in your sole occupation? If not give details: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
9.	Please give the following particulars of all safes and strong rooms: a) Maker's name and date of manufacture: _____ b) Weight and dimension: _____ c) Anchored to ground or freestanding: _____ d) Current value of safe(s) and strong room(s): _____ e) Are all keys of all safes and strong rooms removed from your premises when the premises are closed for business? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are your Premises fitted with a burglar alarm? If yes, give particulars: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
11.	Have you ever sustained any losses in respect of any of the risks against which you now wish to insure? If yes, give full details: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
12.	Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for you? If yes, give full details: <input type="checkbox"/> Yes <input type="checkbox"/> No _____

DECLARATION:

I/We hereby declare that to the best of my / our knowledge and belief the answers given by me / us in this form are true.

Submitting this form does not bind you to complete the insurance nor Saudi Indian Company for Cooperative Insurance to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

I/We have understood the terms and conditions of the Policy contract which I/We are entering into, as explained by the Company's representative.

Signature of the Proposer :

Date : _____

Agent / Brokers name :

Code number :