

## PROPOSAL FOR MONEY IN TRANSIT INSURANCE

1. FULL NAME OF PROPOSER:.....
2. ADDRESS:.....
3. BUSINESS/OCCUPATION:.....
4. TELEPHONE..... FAX:.....
5. EMAIL:..... WWW:.....
6. PERIOD OF INSURANCE: FROM..... TO:.....

1. Please complete the following schedule:

ITEM	DESCRIPTION OF MONEY/TRANSITS TO BE INSURED	LIMIT FOR ANY ONE LOSS	ESTIMATE TOTAL CARRYING ANNUALLY
A	<p>Money for wages, salaries or other earnings while in course of direct transit either way between the Bank or Post Office and the Proposer's premises at; (insert below address of proposer's Premises):</p> <p>.....</p> <p>.....</p> <p>(NOTE: Money insured under this item is covered while at the Proposer's premises specified above for a period not exceeding seventy two hours from the time of receipt at the premises provided that the Money is contained in a security locked safe or strongroom whenever the premises are left unoccupied).</p>		
B	Other Money (not being wages or salaries) while in course of direct transit either way between the Proposer's premises (as specified in item A) and the Bank or Post Office.		
C	Describe fully below any other transits or carryings of Money (giving distances) for which cover is required and indicate separate limits and Estimated Annual Carryings for each: - (please use separate sheet if space is insufficient)		

2. How often are you going to carry cash monthly?	...	...	...					
3. What will be the mode of carrying?	...	...	...	...	...	...		
4. Is the duty of carrying the cash delegated regularly to any particular employee(s)?							<input type="checkbox"/> Y	<input type="checkbox"/> N
a. How many persons are so employed?	...	...	...	...	...			
b. Are your employees insured under Fidelity Guarantee Policy?	...	...					<input type="checkbox"/> Y	<input type="checkbox"/> N
c. If so, please give details	...							
5. Do you require cover for hold-up?	...	...	...	...	...	...	<input type="checkbox"/> Y	<input type="checkbox"/> N
a. If so, please state limit required	...	...	...	...	...			
b. The type of safe used	...	...						
c. Who keeps the safe keys	...							
6. Have you ever lost any Cash-In-Transit by theft or any other mishap?	...	...					<input type="checkbox"/> Y	<input type="checkbox"/> N
a. If yes, please give details	...							
7. Have you ever proposed for a similar Insurance?	...	...	...	...			<input type="checkbox"/> Y	<input type="checkbox"/> N
a. If yes, with which company?	...							
8. Has your insurance ever been declined, terminated or premium increased?							<input type="checkbox"/> Y	<input type="checkbox"/> N
9. Do you wish to cover Personal Accident "Assault"?	...	...	...	...			<input type="checkbox"/> Y	<input type="checkbox"/> N
If so, please state:								
a. The total number of persons who will be engaged in carrying or escorting money:								
b. Whether to the best of your knowledge they are all in good health and free from physical defect or infirmity:	...	...						

## DECLARATION:

In addition to any other details supplied to Activa International Insurance Co (Lib) Ltd, I/We, the undersigned, declare that to the best of my/our knowledge and belief the information given by me/us is true and complete and that all material information has been disclosed and I/we agree that this application shall be the basis of the contract between me/us and Activa. I/We understand and accept that Activa reserves the right to accept or reject a proposal at their discretion. I/We will give notice to Activa of any change in the information relating to the insured, as stated above. I/We agree to accept a policy in Activa's usual form for this class of insurance and pay the premium thereon.

SIGNATURE:

DATE:

AGENCY: