



## PROPOSAL FORM:

### CASH IN TRANSIT

1. **Name of Insured:**
2. **Address of Insured:**
3. **Period of Insurance Proposed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
**At** \_\_\_\_\_ **o'clock**
4. **Situation of Risk: (if more than one please attach schedule of Locations)**
5. **Occupancy/Business at Situation:**
6. **Details of Transits:**  
**Journeys From:**  
**Journeys To:**  
**Is the route and time of transit varied?**  
*(please attach schedule of transit commencement and termination points if space insufficient)*
7. **Estimated Total Value of Cash to be transported during the Policy Period on the route or routes specified above?**
8. **Maximum Amount Insured for any one transit:**

9. Is this amount subject to seasonal variations? (Yes/No)

9.1. If “yes” please identify seasons/months involved and increased limits required for this period:

Months:

Limit Required: (*per Cash Shipment*)

9.2. Total Estimated Seasonal Cash to be transported?

10. Is Cash in Safe cover required? (Yes/No)

If yes:

10.1. Maximum Amount to be insured: .....

10.2. Makers name and Number of the safe:

10.3. Dimension of the Safe :

Height : ..... Width : ..... Depth : .....

10.4. What is the Weight of the Safe:

10.5. Is it marked theft/burglar resistant? (Yes/No)

10.6. What is the approximate age of the Safe :

10.7. Is the Safe securely fixed? If so by what means?

10.8. Will the premises be guarded whilst they are closed for business hours .If so, by whom?

10.9. Are all the keys in the strong room/Safe removed from the premises after business hours? (Yes/No)

10.10. Are all the keys in the Strong room/Safe be handled by any authorised employee of the insured? (Yes/No)

11. Mode of Conveyance:

Details of messenger (s) required i.e. position, number of able bodied persons accompanying transit.

11.1. Detail the means by which the cash will be transported (Standard Vehicle, Armoured Vehicle):

11.2. Will the shipments be accompanied by Armed or Unarmed (specify) Security Guards?

11.3. If the answer to 10.3. is “yes”, please provide the name of the Security Firm involved:

**12. Loss History:**

Year	Number of Claims	Value of Claims		Single Large Losses	Type of Loss
		Paid	O/S		
Current Year					
Previous Year					
2 Years Previous					
3 Years Previous					
4 Years Previous					

**12. Has the proposer ever had:**

- (a) a proposal for insurance declined or rejected, or special terms imposed by an Insurer?  
(b) a claim under an insurance policy rejected?

(If the answer to either question 12 (a) or 12 (b) is "yes" please provide details on a separate sheet)

**13. Is there any other information relevant to the acceptance of this proposal which the Insured knows to be material to the Company's decision to accept the Risk proposed?**

Signed for and on behalf of: (Name of Insured)

By: (Name and Position/Title of Proposer)

Date: