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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IGT Logo.bmp**  **PROPOSAL FORM FOR INSURANCE OF MONEY**   |  | | --- | | Full Name of Proposer | | Address | | Business (if more than one, state all) | | Period of Insurance – From To |   The term Money shall be deemed to mean and to include Cash bank Currency Notes, Cheques (other than crossed)  Postal Orders, Money Order, Postages, revenue Stamps and Hospital Tax, Stamps and Stamped Cards belonging to the Insured.  1. Address of Premises where Money is to insured…………………………………………………………………………………………………………  2. State estimated amount of money (i) Paid into bank ……………………………………………………………………………………………………  (ii) Draw from bank ………………………………………………Total amount in transit per annum……………………………………………………  N.B. Crossed cheques should not be included. | | | | | | | | | | |
| 3. State limits of cover required  A. Money in transit  B. Money in locked safe or strong-room  C. Money on premises during business hours  D. Money on premises out of business hours  E. National Hospital Insurance Stamps  N.B. Cover under D normally restricted to Tshs. 50,000/= any one loss. Cover may be increased  Company giving full details of security systems etc. | | | | | | |  | Limit of Liability  Any one loss | | |
| A |  | | |
| B |  | | |
| C |  | | |
| D |  | | |
| E |  | | |
| on application to the | | | |
| 4. Details of transits to and from the bank or post  Office to the Premises:  (A) What are the names and address of the Bank/  Post Office and how far is the bank or Post Office  from the Premises?  (B) How is the journey made, e.g. On foot or by public  or private conveyance?  (C) What is the number of adult males accompanying  the money during each journey?  (D) What special precautions are taken? | | | (a)  (b)  (c)  (d) | | | | | | | |
| 5. Give details of safes or strong-rooms on the Proposer's premises:‑ | | | | | | | | | | |
| Maker's name and number of safe | Size and  weight | Whether marked  "Theft Resistance" | | Is the safe securely  fixed to the structure  of the building? | | Purchase  Date | | New or  Second-  hand | Cost  Price | Present  Estimated  Value |
|  |  |  | |  | |  | |  |  |  |
| 6. Who has possession of keys to the safe(s) or Strong-room(s)? | | | | |  | | | | | |
| 7. Are your employees insured under a Fidelity Guarantee Policy? | | | | |  | | | | | |
| 8. Have you ever sustained a loss of kind now to be  insured? Of so, please give details. | | | | | | | | | | |
| 9. Has any Insurer at any time in respect of this type of  insurance or Burglary Fire or All Risks insurance or  Fidelity Guarantee:  (A) declined to insure you?  (B) asked for increased premium of for special terms?  (C) cancelled or refused to renew your insurance? | | | | | (a)  (b)  (c) Name of Company or Underwriters to be given. | | | | | |
| 10.(A) Have you any other insurance of this type in force?  If so, please give particulars.  (B) Have you any other insurances with the Company | | | | | (a)  (b) | | | | | |

**DECLARATION**

I/we hereby declare that the above statements and particulars are true and i/we have not withheld any information affecting the proposed insurance proposed insurance and i/we undertake to exercise all ordinary and reasonable precautions for the safety of the property. i/we agree that this Proposal and Declaration shall be basis of the Contract between me/us and the Geminia Insurance Company Limited, and accept the Company’s usual policy applicable to the insurance.

Date……………………………………………………………….Proposer’s Signature………………………………………………………………………..

The liability of the Company does not commence until acceptance of the Proposal has been received the Company.

Or an official Cover Note issued.