CASH IN SAFE/TRANSIT PROPOSAL FORM

1) Name of Proposer _____

2) Address _____

3) Trade/Business _____

4) Contact Person _____Telephone No. _____Fax No. _____

5) Cell No. _____ Email _____

6) NTN _____ STN _____ CNIC(if individual)_____

7) Period of Insurance From _____ To: _____

CASH IN TRANSIT

8) Single Carry Limit Rs. _____ Annual Turnover Rs. _____

9) Give details of other than currency notes, cash equivalents for example prize bonds, revenue stamps, saving certificates etc.
_____

10) How is money conveyed between your premises and other? _____

11) How many persons are engaged in carrying cash? _____

12) Are employees engaged in carrying cash covered under Fidelity Guarantee Policy? ☐ yes ☐ no

13) How many days a week is cash carried? _____

14) How many journeys are made on each day? _____

15) Where does frequent cash movement take place from office/business premises/banks to/from other business centers?
_____

16) Will person(s) carrying cash be armed or accompanied by armed guard? ☐ yes ☐ no

CASH IN SAFE

17) Maximum amount to be insured Rs. _____

18) Nature of safe (make & model) _____

19) Location of safe _____

20) Security arrangements _____

21) Are the employees engaged in the conveyance of cash covered under a Fidelity Policy? ☐yes ☐no

22) Have you previously been insuring your money? ☐ yes ☐ no

If yes, (a) State the name of insurer _____

(b) Reasons for leaving the previous insurers?
☐ Policy Cancelled ☐Renewal Refused ☐Claim Declined

23) Please provide details of losses, if suffered during the last 3 years:

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs.)

Declaration
I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my/our knowledge. I also declare that I have withheld no information material to the insurance.

_____ _____
Date Signature of the Proposer