

Registered office: New India Assurance Building 87, Mahatma Gandhi Road, Fort, Bombay 400023 (India)

PROPOSAL FORM FOR MONEY IN TRANSIT INSURANCE

BENEFITS OF THE POLICY

The Insurance is against loss of money in transit by Messengers (employees of Insured) occasioned by Robbery, Theft or any other cause whatsoever (Except Earthquake, Volcanic Eruption, Flood, Typhoon, Hurricane Tornado, Cyclone or other convulsion of nature or atmosphere disturbance, War, invasion the Act of Foreign Enemy, Hostilities or Warlike operation (whether war be declared or not Mutiny, Strike, Riot, Civil Commotion, Insurrection, Rebellion, Revolution, Conspiracy, Military, Naval or Usurped power, Martial Law or State of Siege or by any direct or indirect consequence of any of the said occurrence from the time it is received by the messenger / s at one place until delivered at other.

The insurance may be extended by arrangement to cover any part of the money drawn remaining unpaid on the day on which it is received whilst secure in approved locked safe in the Insured's premises until paid out. The extension relates only to wages or salaries.

Business.....

- 1. Name of proposer (in full):
- 2. Gender: (F)_____ only to be provided if proposer is individual
- 3. Date of birth/Age ______ only to be provided if proposer is individual
- 4. Address:
- 5. Province _____
- 6. TIN No. _

7.

Estimated annual Amount of Money in Transit (which is the basis on which the deposit premium is charged)			Highest Amount in transit at any one time (which is to be the limit of the Company's liability for any one loss)			
	prov	What are the names and addresses of the places between ch money will be in transit? (If the space herein <i>v</i> ided is not sufficient please give the information full ttaching a separate sheet)	From To			
_	2.	(a) What is the maximum distance over which the money will be conveyed?(b) Between what hours will the money be in transit?	(a) (b)			
_	3.	 (a) How many persons will carry the money? (b) Is/Are he/they your salaried employee/s? (c) What is/are their Occupation/s? (d) Is /Are he/they covered under a Fidelity Guarantee Policy or policies? (If so, for what sum and with which office? 	(a) (b) (c) (d)			
	4.	How is the money carried? (i.e. whether in bags, trunks and in how many of them?)				
	5.	What means of transport do the persons conveying the money use?				
	6.	Are the persons conveying the money accompanied by an armed guard? If not state what protection, if any, is provided for them.				
	7.	(a) On what day is money drawn?(b) On what day is money paid out?	(a} (b)			
	8.	After money is received at your chief premises is it reconvened to other premises? If so, give particulars.				



t	 is question need not to be answered unless it is required to have he policy extended to cover any part of the money that is drawn whilst secured in locked safes until paid out). Kindly note this stension relates to wages or salaries (a) What part of the money will be kept on your premises and for how long? (b) Where will be it kept? 	(a) (b)			
	(c) What is the name of the maker of the safe?	(c)			
	(d) What are the dimension of the safe?	(d)	Height	Width	Depth
	(e) Is it marked Burglar Resisting?	(e)			
	(f) What is the approximate age of the safe?	(f)			
	(g)What is the weight of the safe?	(g)			
	(h)Will the premises be guarded whilst they are close for business? If so by whom?	(h)			
10.	Do you wish the risk of infidelity of the persons carrying the money to be covered?				
11.	Have you ever sustained any loss of money whilst in transit or while on your premises? If so give full particulars.				
12.	Has any Company or Underwriter any time				
	 (a) Declined your proposal? (b) Required an increased premium or special condition (c) Cancelled or refused to renew the insurance 				
13.	For what period is insurance required?	For months from			

I/We hereby declare and warrant that the above statements are true and complete. I/We desire to effect an Insurance with THE NEW INDIA ASSURANCE COMPANY LIMITED, and I/We agree that this proposal and the declaration shall be the basis of the contract between me/us and the company and I/We agree to accept a Policy, subject to the conditions prescribed by the company and to render at the end of each period of insurance a statement in the form required by the Company of all money conveyed and to pay premium on the amount in excess of the amount estimated above.

Date.....

Proposer's Signature.....