

## MONEY INSURANCE - PROPOSAL FORM

(All fields are mandatory and fill in CAPITALS only)

The liability of the company does not commence until the Company has accepted the proposal and the premium received in full by the Company.

### INSURED DETAILS

Name of the Proposer's Mr./Ms./Mrs.  (First Name)  (Middle Name)  (Last Name)

Proposer's Postal Address

City

State  Pincode

Proposer's Trade or Business

Tel.(Res.)  (Off.)  Mobile

STD Code  STD Code

E-mail

### PREMIUM DETAILS

Amount Rs.  Rupees

### SOURCES OF FUND

Salary  Business  Other  (Please Specify)

### BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No.  Account: Savings  Current

Name of Bank  Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish:  Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.\*

\*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

#### 1. Description of Money to be Insured, (If no insurance is required for any item, insert "NIL")

Money in Premises Coverage	Insured Premises & Location	Particulars of each Safe	Limit Of Liability any one occurrence
In safe			Rs.
Out of safe during Business hours			Rs.
Loss or Damage to insured safe			Rs.

Money in Transit Coverage	Location	Transit Between /		Limit Of Liability any one occurrence
		From	To	
For payment of Wages/ salaries		(Bank)	(Insured's Premises)	Rs
Being other than Wages/ salaries		(Bank)	(Insured's Premises)	Rs
Others (to be described)				Rs

**With reference to the Limit of Liability, any one occurrence shall mean one claim or a series of claims under one or more Coverages for loss or damage arising out of one fortuitous event or cause.**

The following information is solely for the computation of Deposit Premium under Money in Transit coverage(s)  
Estimated Annual Carrying of Money

Wages / Salaries Rs.	Other than Wages / Salaries Rs.	Transits as described Rs.

2. Are employees authorised to handle/carry money covered under Fidelity Guarantee Policy? If yes, give details.	
3. How is the money normally carried?(i.e.) whether in bags, trunks etc?	
4. What means of transport do the persons carrying the money normally use i.e., own car/ public transport etc.?	
5. Are the persons carrying the money accompanied by armed guard/s? If not, state what protection if any, is provided for them.	
6. Is there any other material information relevant to the acceptance of this proposal which must known by the Company?	
7. For what period is insurance required	From <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/>

8. Do you need additional covers If so details

Extension Covers	Limit of Liability any one occurrence
1. Damage to Clothing/Personal Effects (Assault) Clause	Rs.
2. Money in overnight custody Clause	Rs.
3. Personal Accident (Assault) Clause	Rs.
4. Infidelity cover Clause	Rs.

9. Details of additional items, if any, to be included in the definition of 'Money'.

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10.a) State following particulars of safe/s and/ or strong room in which money will be kept outside business hours

Dimensions & Weight : \_\_\_\_\_ Identification Number : \_\_\_\_\_

b) Addresses of premises where safe is kept?	
c) Is it fixed to the walls or floor?	
d) Who holds the keys of the safe(s) and/or strong room?	
e) Are all such keys removed from the premises outside business hours?	
f) Will the Premises be guarded whilst they are closed for business? If so, by whom?	

11. If money is kept in any container, other than safe, please furnish details.	
12. Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so, give full particulars.	
13. Frequency of Transit in a day (no. of times / trips)	
14. Has any company in respect of Money Insurance	
(a) declined your proposal?	
(b) accepted your proposal on special terms & conditions?	
(c) cancelled or refused to renew your policy?	
15. Has the risk been previously Insured? If so,	
a. Name of the Insurance Company	
b. Policy No.	
c. Period	
d. Rate charged	
e. Any special terms and conditions imposed	
16. Is this risk insured with any other Company? If so, details?	
17. Any other material particulars	
18. Period of Insurance	From <input type="text" value="DDMMYYYY"/> To <input type="text" value="DDMMYYYY"/>

