



## MONEY INSURANCE APPLICATION FORM

Full Name of Proposer:	<b>Period of Insurance:</b> From:  To:  (Both days Inclusive)																				
Full Address: Principal Address Wasel Address Email address When established Commercial Registration no.																					
<b>Client Classification:</b>  Choose the appropriate classification for the company/establishment:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="text-align: center;">No. of Employees</th> <th style="text-align: center;">1 to 5</th> <th style="text-align: center;">6 to 49</th> <th style="text-align: center;">50 to 249</th> <th style="text-align: center;">Over 249</th> </tr> <tr> <td style="text-align: center;">Insert X where appropriate</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Revenue</th> <th style="text-align: center;">0 to 3m</th> <th style="text-align: center;">3m to 40m</th> <th style="text-align: center;">40m to 200m</th> <th style="text-align: center;">Over 200m</th> </tr> <tr> <td style="text-align: center;">Insert X where appropriate</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	No. of Employees	1 to 5	6 to 49	50 to 249	Over 249	Insert X where appropriate					Revenue	0 to 3m	3m to 40m	40m to 200m	Over 200m	Insert X where appropriate				
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Insert X where appropriate																					
Full Business Description:	Fax No. <span style="float: right;">Tel No.</span>																				
Location of Property:  Description of Premises:																					

LIMITS OF LIABILITY REQUIRED	AMOUNT (SR)
(i) Any single loss of Money i.e., cash bank and currency notes cheques (other than blank or partly completed cheques), travellers cheques, bankers drafts postal orders, money orders, current postage and revenue stamps, unexpired units in franking machines, trading stamps (whether affixed to cards or otherwise), holiday with pay stamps, gift tokens and bills of exchange, luncheon vouchers and travel ticketstravel warrants, phone cards, credit and charge cards, all secured in locked safe or strong room whilst on the premises out of business hours.	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>
(ii) Any single loss of such Money NOT secured in locked safe or strong room whilst on the premises out of business hours.	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>
(iii) Any single loss of Money in a residence of any principal, partner, director or employee	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>
(iv) any container or bags whilst being used for carrying Money as a result of theft or attempted theft of Money unless such cost are items specifically	

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السعودي المركزي البنك قبل من والرقابة للإشراف تخضع ، التأمين نشاط في تعمل مساهمة سعودية شركة

A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

مليون 300 المال رأس 7001727200 م.ج. 20129/33 / ن ت م رقم السعودي المركزي البنك تصريح SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

21الدور ، الثاني العلود برج العليا فهد الملك طريق 9033 :العامرة الإدارة :الوطني العنوان / السعودية العربية المملكة 12214 الرياض

National Address: Head Office: 9033, Al Anoud Building, Tower 2, 21st floor, King Fahd Rd, Al Olaya, Riyadh 12214, Saudi Arabia



insured.  
clothing personal effects and personal Money  
(v) In respect of any other single loss of Money occurring within K.S.A

SR.

Please state the estimated amount of Money (other than non-negotiable cheques or similar instruments) to be carried in transit in connection with your business for the next 12 months.

SR.

#### ADDITIONAL INFORMATION TO BE PROVIDED BY PROPOSER

1. What is the approximate distance to your bank(s) from your premises?

2. How are the journeys made (e.g. On foot, by car or security company transportation)?

3. How many employees accompany the Money during transportation?

4. Give details of any other special precautions taken during transportation of Money?

5. Security company carryings (if cover required, please supply a copy of the agreement)

(a) Estimated annual carryings by security company

(b) Is security company contractually liable for any loss?

6. Is your Money carried to / from any other premises besides the bank? If yes, give full details:

7. Are your premises occupied at night? If yes, by whom?

8. Are your premises in your sole occupation? If not give details:

9. Please give the following particulars of all safes and strong rooms:

(a) Maker's name and date of manufacturer:

(b) Weight and dimensions:

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(c) Anchored to ground or freestanding:	
(d) Current value of safe(s) and strong room(s):	
(e) Are all keys of all safes and strong rooms removed from your premises when the premises are closed for business	
10. Are your premises fitted with a burglar alarm? If yes, give particulars	
11. Have you ever sustained any money loss? If so, give details.	
12. Give particulars of any policies currently in force with any other company covering any of the items to be insured.	
13. Please give details of previous insurers in the last five years	
14. Have you ever had any special terms or conditions imposed? If yes, please provide details	
15. Have you ever been convicted or charged (but not yet tried) with any criminal offence? If yes, please provide details	
16. Are there any other Material Facts to disclose? (Material Fact: Information which would influence the mind of a prudent Underwriter in deciding whether to accept a risk and what terms to apply).	
17. Kindly mention loss record for the last five years:	
<p>Were you denied insurance by any insurance company in the past or was your policy cancelled by any insurance company or denied renewal?</p> <p>Are there any material facts you want to declare?</p> <p><b>Material Facts</b> Information which would influence the mind of a prudent Underwriters in an insurance</p>	

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<p>company in deciding whether to accept a risk and what terms to apply.</p>	
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Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

### **DECLARATION:**

**I/We** hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance nor Alinma Tokio Marine to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Proposer  
& Company stamp:

Date :

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