

MONEY INSURANCE

PROPOSAL FORM

IMPORTANT: PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS OR TICK AS APPROPRIATE

CLAIMS HISTORY

1. Have you ever been insured before?
☐ Yes ☐ No
If yes, please give the name of the insurer: _____
2. Are you currently insured for the type of cover proposed?
☐ Yes ☐ No
If yes, please give the name of the insurer: _____
3. Has any insurer or underwriter ever:
 - i. Cancelled your policy? ☐ Yes ☐ No
 - ii. Declined to insure you? ☐ Yes ☐ No
 - iii. Declined to renew your policy? ☐ Yes ☐ No
 - iv. Imposed any special terms? ☐ Yes ☐ No
 - v. Repudiated any claim? ☐ Yes ☐ No

If the answer to any of the above is YES, please give details:

4. Have you in the last 3 years suffered a loss in connection with the type of insurance now proposed?
☐ Yes ☐ No

If yes, please give details:

- Date of loss: _____
 - Amount of loss: _____
 - Cause of loss: _____
 - Name of the Insurance Company with which the claim was made: _____
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THE PREMISES

1. Description of the premises (e.g. warehouse, godown, shop, offices, factories, others):

 2. Location of the premises:
 - Name of building: _____
 - Plot Number: _____
 - Street / Road: _____
 - City / Town: _____
 3. What are your usual business hours? From _____ To _____
 4. Do you keep proper records?
☐ Yes ☐ No
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SAFE / STRONGROOM

Do you require cover for cash contained in a locked safe or strong room?
☐ Yes ☐ No

If yes, please state:

- Make of Safe or Strong Room: _____
- Type: _____
- Size: _____
- Weight: _____
- Where will it be kept? _____
- How is the safe secured and/or anchored? _____

- By employees ☐ Yes ☐ No
- By Security firm ☐ Yes ☐ No
- Police Escort ☐ Yes ☐ No
- Others (please specify): _____

TRANSIT COVER

Describe how your money is conveyed (tick where appropriate):

FIDELITY GUARANTEE

Do you have any Fidelity Guarantee Policy?

☐ Yes ☐ No

If yes, give details of the amounts guaranteed:

LIMIT OF COVER REQUIRED

Circumstances

Amount

1. Money in Transit from premises to bank (or any other licensed money agents and vice versa)

Kshs.

2. Money in the Insured's premises during business hours

Kshs.

3. Money in the Insured's premises out of business hours securely locked in cabinet or drawer

Kshs.

4. Money in hands of and/or at the residences of Insured authorised employee

Kshs.

5. Money in hands of sales persons/drivers and/or other employees authorised to collect sales

Kshs.

6. National Hospital Insurance Fund and

Kshs.

Circumstances	Amount
revenue stamps	_____
7. Money in locked safe or strongroom	Kshs. _____
8. Value of safe or strongroom	Kshs. _____
9. Any other (please specify)	Kshs. _____

Estimated Annual Carry: Kshs. _____

Please note that the cover is subject to an escort/transit warranty, a specimen wording which is available on request.

CONSENT

I ALLOW YOU TO USE THE DATA I HAVE SUPPLIED LIMITED FOR THE PURPOSE OF PROCESSING INSURANCE

☐ YES

☐ NO

DECLARATION

I/We do hereby declare the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any information regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between me/us and **Galloways**.

Signature of Proposer: _____

Date: _____

(Note: The liability of the company does not attach until the proposal has been accepted and the premium paid.)