

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: _____
-

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
-

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? _____
-

TRANSIT COVER

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

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

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.)