

UNITED INDIA INSURANCE CO. LTD.

(Subsidiary of General Insurance Corporation of India)
Regd. & Head Office: United India House, 24, Whites Road, Madras - 600 014.)

Code :	Development Officer/	Agent		be be	rdle / carry money cover if yes, give details:			
ISSUIN		pi outside busines Identication I	rd/s? r money will be kep ons	DATE & RATE REMAR POLICY	FICE USE ONLY TED BY TIME KS NO CTION NO./SCROLL	ng the oro clion if any diculars of	the paragns carry of, state what profe State following pa	183
		PROPOS	SAL FORM FO	OR MOI	NEY INSURANCE	:		
robbery	theft or any other fortu	itous cause.			insured or insured's aut	odur anaim	Addingness of ago	4
Operation room, ur Consequent	ons, Civil Commotion, R nless such keys are obta uential loss.	liot and Strikes an ained by force or th	age due to Flood, (nd Terrorists Activit nreat, whilst being o n, cover can be ex	Oyclone, E ties, Short carried und	arthquake and other Co age due to error omissic ler contract of affreightm include Riot and Strike	nvulsions on, by use ent, theft for Risks and	of Nature, War and of keys to safe(s) o rom unattended ve	or strong, hicle and
Money s	hall mean and include	Dash, Bank Drafts			Postal Orders and Mone	y Order an	d Current Postage	Stamps.
NO	THE FORE	GOING IS ONLY ILS PLEASE REF	A BROAD INDICA FER TO ANY OFF	ATION OF	THE COVER OFFERE	oposal or	Declined you pro Accepted your pro Cancelled or return	.d
					MPANY'S LIABILITY. ET FULL PROTECTION	and observed	s the risk been pre	13. Ha
This typ	e of insurance is also a	vailable in Shopk	eepers Policy.		yesquioc	BOUB IUSH	Policy No.	.h
NOTE:	PLEASE ANSWER EV	ERY QUESTION	FULLY				Period	.0
	me of Proposer (in full)	!					Rate charged	.b
	BLOCK LETTERS) siness Address						Any special terms	9
	lance on Totals	alifa tieft navne av	1 otolomoo bas ku		l o an that the above statem	The state of the s	nod of Insurance F	Section of the sectio
4. ar Des	scription of Money to be	Insured, (if no in	surance is require	d for any i	em insert "Nil") em neet	and warra ontact betw	nerapy so beclared the basis of the co	ob ewv
Item No.	tos ani yo bengpis mior	ed in inemetale s evoda beti Money	erior of Insurance the amount estima	q dase to b excees of	Estimated Annual amo money in transit, which the basis on which the sional premium will be	n will be provi-	Highest amount at any one time we be the limit of the Company liability on loss.	which will
		- sinconia ches			Rs.	-001	Rs.	Place
l. A.	Money for payment of veash, in direct transit fro time the money is rece employees of the insurplace of disbursement outside business hours locked strong room on to provide for such Morpremises to the Bank.	om the Bank to the lived at the Bank to ured, until delivered, and whilst there is, money shall be the premises. Chaney are also cover	einsured's premises by the insured or a ed at the premises until paid out, provisecured in locked s reques drawn by the red whilst in transit	s from the uthorised s or other vided that safe(s) or e insured	Develor entitor	me/my Ag	oposer is known to	The Property Date
В.	Money (other than de insured's Premises/Ba				РРОН			
C. bns eu	Money (other than des personal custody of the Insured, whilst in trans exceeding 48 hours, fr	e Insured of the a sit to the premises	uthorised employed or Bank, within a p	es of the period not	allow, either directly or in or risk relating to lives o	of any kind	urance in respect	eni
Ideaxé	ESTIMATED TOTAL	ANNUAL AMOUN	IT OF MONEY IN T	TRANSIT	own on the policy nor shi in accordance with the c	rle mulmen bewelle er	any rebate, of the p	10
II. _{oereta}	Money (other than des Premises during the it safe(s) or strong room hours, against the risks and Hold up.	buisness hours o , on the Insured's	or whilst secured in premises outside	in locked business	mplying with the provisio	oo ni iliuste	ly perosn making does.	

 a. What is the maximum distance over Which the money will b. Addresses of premises between which money will be care 	be conveyed ? anaO to visibledu2)
b. Addresses of premises between which money will be care	
	Head Office : United India House
 Are employees authorised to handle / carry money covered under Fidelity Guarantee Policy? If yes, give details. 	
7. How is the money carried? (i. e.) whether in bags, trunks etc.)	
8. What means of transport do the persons	JING OFFICE
carrying then money use i.e. own car/public transport etc?	JA NO Luia
9. Are the persons carrying the money accompained by an arme	guard/s?
if not, state what protection if any, is provided for them. 10. a. State following particulars of safe/s and/or strong room in	which maney will be kent outside business hours
11 11 11 11 11 11 11 11 11 11 11 11 11	ensions Idenfication Number
NOMEY INSURANCE	PROPOSAL FORM FOR
the insured or insured's authorised employeess) accessioned b	insurance Policy straights course squared loss of money to traced 1
b. Addresses of premises where safe is kept. c. Is it fixed to the walls or floor?	
E DIM	
 d. By whom are the keys of the safe(s) and/or strong room? e. Are all such keys recovedfrom the premises outside business. 	
f. Will the premises be guarded whilst they are closed for be	
11. Have your ever sustained any loss of money	to there such keys are obtained by furce of threat, whits towing carry
whilst in transit or whilst on your premises? Total abulant or be	
If so, give full particulars.	
12. Has any Company in respect of Money Insurance	
a. Declined you proposal?	(a) (b) GADRE A V.MO SI BMOREAGA BADAD (d) NOATIC
 b. Accepted your proposal on special terms & conditions c. Cancelled or refused to renew your policy 	FOR DETAILS PLEASE REFER TO AN (2) PETICE
VTI HRALL 2 VIJA GLICO	ENBURE THAT THE SUM FIXED AS LIMIT OF TE
 Has the risk been previously Insured? If so, a. The name of the Insurance Company 	
The name of the insurance Company Policy No.	
c. Period	
d. Rate charged	Name of Proposer (in full)
e. Any special terms & conditions Imposed	
14. Period of Insurance From To	Business Address:
shall be the basis of the contact between me/us and the United In	re true and complete. I/we agree that this proposal and the declaratio ia Insurance Co. Ltd. and I/we agree to accept a Policy, Subject to tach period of Insurance a statement in the form required by the compass of the amount estimated above.
Place and no	
Date199	Proposer's Signature
Developmen	Officer's Report
	and I recommend acceptance of this proposal.
	employees of the visual, and delivered at the premises or place of diets freemant, and whilst there until paid out, provider
	Signature of Dev. Officer
The state of the s	Name & Code No.
Place	Hame a Code No.
	Insured's Premises Bank OJAny other Specified Fremises.
Section 41, of	nsurance Act 1938
	personal custody of the Insured of the authorised employees
insurance in respect of any kind or risk relating to lives or pro-	ly as an inducement to any person to take out or renew or continue a erty in India, any rebate of the whole ar part of the commission payal person taking out or renewing or continuing Policy accept rebate exceed ed prospectus or tables of the insured.
(2) Any perosn making default in complying with the provisions of rupees.	nis section shall punishable with fine which may extend to five hunder