



INSURANCE COMPANY (BARBADOS) LIMITED

Suite 8, Dome Mall, Warrens, St. Michael BB22026
 Telephone: 246-538-2200
 Email: infobb@genac.com

MONEY INSURANCE PROPOSAL FORM

Broker		Policy No.	
--------	--	------------	--

Full name of Proposer				Email		
Address						
Occupation				Telephone No.		
Address of premises to be insured if different from above						
	FROM:			TO:		

Liability does not commence until the Proposal has been accepted by the Company and the premium paid, except as provided by any official Cover Note issued by the Company

1. State the estimated annual amount of Money in transit in the next twelve months.	Crossed Cheques \$	
	Bank Notes & other "Money" \$	

2. State the limit to apply in respect of

(a) Any one loss of stamped national insurance cards, crossed cheques, crossed giro cheques, crossed money orders, crossed postal orders, crossed bankers drafts, crossed warrants, national savings certificates, premium savings bonds, franking machine impressions and credit card company sales vouchers.	\$	This is the 'non-cash' limit in respect of transits, locked safe and premises when open for business
(b) Any one loss of Money contained in locked safe(s) and/or strong room(s) from		
i. the proposer's premises outside business hours	\$	
ii. the private dwelling houses of the Proposer's principals or authorized employees	\$	
(c) Money in transit	\$	
(d) Money on premises when open for business	\$	These are the 'cash' limits

Some businesses have special requirements for a few days each year- eg. immediately prior to the annual holiday period when wages are paid out. If you require any of the above limits increased to allow for this, give details.

3. (a) Details of safe(s) and/or strong room(s)

Situation	Make/Model	Damage Limit \$	Money in Safe Limit \$

The total of this column should equal the figure in 2(c) above

(b) Select Yes or No:	(i) Fire resisting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(iii) Built into wall	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(ii) Thief resisting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv) Secured to the floor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(c) i. How many keys are there to the safe?	(ii) By whom are they held?
---	-----------------------------

(Safe keys should not be left on the premises outside business hours)

4. If money is carried by a Security Company

(a) state name of Security Company

(b) does the Security Company accept liability for loss of money from their custody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

(c) do you wish to insure such money

i. whilst in their custody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. on your premises following delivery until eventually paid out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. If money in the custody of collectors is to be insured, state:

(a) the number of such employees

(b) the maximum amount in the custody of any one such employee
--

6. (a) How often is money banked?

(b) What is the maximum distance involved in:

i. the transit of wages from the bank to the Insured's premises and/or sites?

ii. the transit of takings from the bank?

(c) In general, how is each journey made? (i.e. on foot, by motor vehicle etc- see *page 1
--

(d) How many employees accompany each carrying (see* page 1) ?
--

It is recommended that carryings should be made at irregular intervals and routes varied whenever possible.

7. Have you suffered any loss either in transit or from premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If so, give full particulars

8. Has any insurer in respect of any insurance

(a) declined your proposal or renewal of your policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) terminated your insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) required an increased premium or special terms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. (a) Are your employees insured under a Fidelity Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, may we send you particulars of the cover we can offer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do you desire assault cover as detailed on page 1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

I declare that the information given in this proposal is to the best of my knowledge and belief, correct and complete in every detail and will be the basis of the contract between me and the Company.

Date: _____

Signature: _____

Print Form