

AGENT/BROKER/DIRECT **COVER NOTE NO.**

PROPOSAL NO. **POLICY NO.**

1. Name of Proposer(s) in full

2. Postal address Postal code

Telephone - Office House Mobile

ID No./Certificate of Incorporation PIN No.

Fax Email

3. Nature of business

4. Location of business

5. Period of insurance required from to

6. (a) Estimated total amount of cash drawn from your Bank (per month)

(b) Estimated total amount of cash conveyed to your Bank (per month)

7. (a) Largest amount likely to be drawn from the Bank at any one time

(b) Largest amount likely to be conveyed to the Bank at any one time

8. (a) Estimated annual amount of money drawn from the Bank

(b) Estimated annual amount of money conveyed to the Bank

Total estimated annual amount

9. By what means is the money conveyed?

10. How many employees have charge of the money?

11. *Name and address of your Bank*

12. How many times a week is money drawn and are any special precautions taken?

13. Distance from Bank to office or place where money is paid out

14. Is there any transit to branches or to any outlying contracts? Yes No

If 'Yes' give particulars

15. If you wish to insure your employees against death or injury during a hold up, state the maximum number of employees engaged in carrying cash at any one time (age limit 18-60 years)

16. Will the money be paid out on the day it is obtained from the Bank? Yes No

If any part of the money is not paid on the same day as drawn and is kept on the Proposer's premises overnight, state:

(a) Where will it be deposited?

(b) Maximum amount KShs.

(c) If kept in a safe

(i) The brand name/manufacturer of the safe

(ii) The dimensions of the safe

(iii) Whether the safe is marked in any way (e.g. "Burglar Resisting")

(iv) The approximate age of the safe

(v) Number of keys and person(s) responsible

(vi) Whether the keys will remain in the personal custody of the person with whom they are held at all times

17. Has the Proposer ever sustained loss of money while in transit or while on his premises? Yes No

If 'Yes' give details

18. Has any proposal for this insurance been previously made? Yes No

If 'Yes' state to whom and with what outcome

19. Has any company or insurer in respect of Cash-In-Transit Insurance ever
(a) declined to insure you? Yes No

(b) required special terms to insure you? Yes No

(c) cancelled or refused to renew your insurance? Yes No

(d) increased your premium on renewal? Yes No

If 'Yes' to any of the above, give details

20. Are there any additional facts or circumstances affecting the proposed insurance which should be disclosed to Jubilee General Insurance Limited for their consideration of the risk? Yes No

If 'Yes' provide details

The liability of Jubilee General Insurance Limited does not commence until the proposal has been accepted and the premium paid.

DECLARATION

I/We warrant that the above statements are true and complete, and that nothing materially affecting the risk has been concealed by me/us. I/we agree that this proposal shall be the basis of the proposed contract between me/us and Jubilee General Insurance Limited and I/We agree to accept a policy in Jubilee General Insurance Limited's usual form for the class of insurance. I/We agree to render at the end of each period of insurance a statement in the form required by Jubilee General Insurance Limited of all monies in transit and to pay the premium on the monies in transit in excess of the amount estimated above.

Date _____

Signature of Proposer _____