

Money in Transit Insurance

Proposal form



Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(if assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Cover required:

Period of Insurance: From: _____ To: _____

Transit details

Transit #1

Addresses between which money will be carried

From: _____

To: _____

No of Trips per month: ☐

Please state estimated annual carryings:

(N.B. — The premium will be calculated on this amount and adjusted at the end of the insurance period on the basis of actual carryings.)

What is the highest sum carried at any one time?

(N.B. — These amounts will be the limits of liability for any one claim.)

Transit #2

Addresses between which money will Be carried

From: _____

To: _____

No of Trips per month ☐

Please state estimated annual carryings

(N.B. - The premium will be calculated on this amount and adjusted at the end of the insurance period on the basis of actual carryings.)

What is the highest sum carried at any one time?

(N.B. - These amounts will be the limits of liability for any one claim.)

Transit #3

Addresses between which money will Be carried

From: _____

To: _____

No of Trips per month ☐

Please state estimated annual carryings

(N.B. — The premium will be calculated on this amount and adjusted at the end of the insurance period on the basis of actual carryings.)

What is the highest sum carried at any one time?

(N.B. — These amounts will be the limits of liability for any one claim.)

Subject matter

How is the money carried? (i.e whether in bags, trunks etc.)

Will the Transits be made in Proposers' own vehicle?

☐ Yes ☐ No

If NO, please provide details:

What means of transport do the persons carrying the money use? (i.e. own car/public transport e.t.c?)

Are the persons carrying the money accompanied by armed guards?

☐ Yes ☐ No

If NO, state what protection if any, is provided for them.

Are employees authorised to handle/carry money covered under Fidelity Guarantee Policy?

If YES, give details.

☐ Yes ☐ No

Cash at Safe

If cash is kept in locked safe or strong-room overnight please state:

What is the maximum amount of money kept in the premises in Excess of the transit limits?

Addresses of premises where safe is kept

Location 1: _____

Location 2: _____

Location 3: _____

	Location #1	Location #2	Location #2
Are these Premises built of Bricks, Stone or Concrete	_____	_____	_____
And roofed with tiles?	_____	_____	_____
If no, give particulars			
Are the Premises occupied or guarded outside of business hours?	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

State following particulars of safe/s and/or strong room in which money will be kept outside business hours.

Maker's Name: _____ Identification Number: _____

Weight: _____ Dimensions: _____

Is it fixed to the walls or floor?

☐ Yes ☐ No

If NOT, provide details:

By whom are the keys of the safe(s) and/or strong room held?

Are all such keys removed from the premises outside business hours?

☐ Yes ☐ No

Will the premises guarded whilst they are closed for business?

☐ Yes ☐ No

If YES, by whom?

Have you ever sustained any loss of money whilst in transit or whilst on your premises?

If YES, give full particulars.

☐ Yes ☐ No

What is the maximum amount of money kept in the premises in Excess of the transit limits?

General Information:

How long have the proposer been in business?

Will all carrying be made during the hours of daylight?

☐ Yes ☐ No Location(s) No ☐

Please give details of any special safety precautions taken.

Are any of the Employees engaged in carrying cash covered under a Fidelity Guarantee Policy?

☐ Yes ☐ No Location(s) No ☐

Do fire extinguishing facilities exist in the premises?

☐ Yes ☐ No Location(s) No ☐

If YES, what fire extinguishing facilities exist in the premises?

Is there a fire alarm installed on the premises to be insured?

☐ Yes ☐ No Location(s) No ☐

Is,

i. there a Burglar alarm installed on the premises?

☐ Yes ☐ No Location(s) No ☐

ii. there closed circuit TV (CCTV) installed on the premises?

☐ Yes ☐ No Location(s) No ☐

iii. there a smoke Detectors installed on the premises?

☐ Yes ☐ No Location(s) No ☐

iv. there a sprinkler System installed on the premises?

☐ Yes ☐ No Location(s) No ☐

v. the external doors, windows and other openings secured by one of the following when your premises are closed for business or left unoccupied?

Steel rollers / concertina type shutters

☐ Yes ☐ No Location(s) No ☐

Solid wooden shutters or doors

☐ Yes ☐ No Location(s) No ☐

Fixed metal grilles or bars

☐ Yes ☐ No Location(s) No ☐

Laminated glass

☐ Yes ☐ No Location(s) No ☐

What is the maximum distance over which the money will be conveyed?

Have you ever had a loss before?

☐ Yes ☐ No Location(s) No ☐

If YES, please give particulars.

Are there any Insurance(s) on the same property in force with this or other Insurance?

If YES, state the amounts and the names of the Companies.

☐ Yes ☐ No Location(s) No ☐

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company?

☐ Yes ☐ No Location(s) No ☐

Please enclose with this Proposal any additional information to the operation which you feel may be useful to the Company in assessing the risk.

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer _____ Company Stamp: _____

Office use only

Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: