



SHARJAH INSURANCE COMPANY

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MONEY INSURANCE PROPOSAL FORM

A. DETAILS OF PROPOSER

1) Proposer

Full Name _____

Full Address _____

2) Address of Business Premises _____

Telephone No. _____

3) Have you been previously insured in respect of Cash
in Transit? _____ yes _____ no

If "Yes", with whom? _____

4) Have you ever been refused insurance of this nature
or had your Policy cancelled? _____ yes _____ no

If "Yes", give details. _____

5) Have you ever sustained a loss whether insured or not? _____ yes _____ no

If "Yes", give details with dates
amounts. _____

B. COVER REQUIRED

If no cover is required for any particular item(s), insert "NIL"

TRANSIT RISKS

	Estimated Aggregate Amount in Year	Liability any one loss
<p>a. <i>Transit to and from the Premises</i> On Cash as specified DRAWN FROM THE BANK OR POST OFFICE for wages, salaries, Petty cash or sundry payments, from the time of handling over at the Bank or Post Office counter, whilst in transit until arrival at the Insured's Premises or other places of Disbursement and IN RESPECT ONLY OF WAGES OR SALARIES whilst there until Paid to the employees or other wise disbursed And on Cash as specified IN TRANSIT TO THE BANK OR POST OFFICE from the time of leaving the Insured's Premises until paid In at the Bank or Post Office.</p>	_____	_____
<p>b. <i>Cash Collections</i> On Cash as specified collected form customers Or clients, whilst in the personal custody of the Insured or authorized employees of the Insured, until deposited at the Insured's Premises or paid at the Bank or Post Office on the day of receipt or next working day.</p>	_____	_____
<p>c. <i>Other Transits</i> (Give full details)</p>	_____	_____

Note:

The premium under Section (a), (b) and (c) above is PROVISIONAL and is subject to adjustments on the actual amounts in transit during currency. (Cross Cheques and Cheques for drawing cash need not to be declared.)

PREMISES RISKS

<p>d. On cash as specified (additional to undisbursed wages and salaries insured under (a) above whilst anywhere within the Insured's Premises during business hours, and whilst in locked safe or strong room when the said Premises are closed.</p>	Liability during any one period of insurance _____ _____
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C. PROTECTIONS

1. Describe fully the method of transits, number of persons accompanying the cash and measures you take for the cash whilst in transit and, in respect of wages or salaries, whilst on your premises.

- (a) Transits to and from the Premises _____
- (b) Cash collections _____
- (c) Other transits _____

2. Give details of safe(s)

- (a) Maker _____
- (b) Maker's description, i.e. Fire or Burglar resisting, etc. _____
- (c) Age _____
- (d) Weight and dimensions _____
- (e) Whether and how made a fixture _____

D. PERIOD OF INSURANCE

I/We require insurance for a period of one year commencing _____

E. DECLARATION

I/We warrant that the above statements made by me/us or on my/our behalf are true and that nothing materially affecting the risk has been concealed. I/We agree to keep the records necessary for the due adjustment of the premium and render within thirty (30) days from the end of each period of insurance a return of actual aggregate amounts of Cash in Transit, or otherwise at risk during the said period of insurance in accordance with the terms of the Policy. I/We also agree that this proposal shall be the basis of the Contract between me/us and Sharjah Insurance Company and I/We also agree to accept a Policy in the Company's usual form for this class of insurance.

Date: _____ Signature: _____

I _____ declare that I have read the questions and declaration in the proposal from to the proposer in the _____ language, which he acknowledges as understanding, and I have completed the Proposal form on his instructions.

Proposer's Signature: _____ Witnessed; _____

Date : _____ Date : _____

The Insurance will not be in force until the Company has accepted the proposal.