

PROPOSAL FOR MONEY INSURANCE

IMPORTANT: When completing this form you must disclose all material facts. Material facts are those which may influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material, you should disclose it. Non-disclosure or withholding of any material facts may completely invalidate your insurance policy and leave you without cover.

AGENT / BROKER / BRANCH	
Name	
Code No.	

Please complete this form using **BLOCK letters only**. You are advised to read the NOTES overleaf before completing this form

1. PROPOSER'S DETAILS

1.1 Name in Full			
1.2 VAT/SVAT Registration No.		Company Registration No.	
1.3 Postal Address			
1.4 Telephone Number		Fax No	
		Email	
1.5 Address of risk to be insured (if different from above)			
1.6 All Businesses and Professions			
1.7 Period of insurance required	From		To
		DD/MM/YYYY	DD/MM/YYYY

2 SUM INSURED (continue on a separate sheet if necessary)

2.1 (a) Details of transits including points of collection and delivery : From / To / distance / No.of trips per month

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(b) Estimated total annual carrying of money to and from bank or any other place of payment or collection (excluding carriage by a security company)	Rs.
(c) (i) Limit to apply to any single loss of money (this should be the maximum loss which could be sustained at any one time, whether on the premises or during transit)	Rs.
(ii) Maximum limit for bonuses and special payments up to a maximum of twice a year	Rs.
(d) Details of Safes, Strong rooms and of Money therein to be insured out of business hours. NOTE: Please complete, if limit required exceeds Rs.50,000/-. Cash held overnight should be in locked safe.	

Location	Make/Model room of Safe/strong room	No. of Keys	Keys held by	Maximum amount at risk
				Rs.
				Rs.
				Rs.

(c) How much cash will be held overnight, other than in safe?	Rs.
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2.2 (a) Is money in the hands of the security company to be covered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Name of the security company		
(c) (i) Estimated annual carrying	Rs.	
(ii) Maximum any one carrying	Rs.	
(d) Whether the security company accepts full liability for loss of all money in their custody ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2.3 If money is in the hands of collectors (e.g.) travelling salesman, purchasing officer etc., who handle or collect cash outside your premises, please state:

(a) Estimated total amount collected annually	Rs.
(b) Maximum amount held by any one such person at any one time.	Rs.
(c) Number of such persons	Rs.

2.4 Do you wish to cover against Riot and Strike Risks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Terrorism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2.5 If you wish to cover infidelity of employees carrying money (during transit only) please state limit

2.6 If you wish to cover personal injury resulting from assault, please state below the Nature of duties and Amount

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. RISK DETAILS (continue on a separate sheet if necessary)

3.1 (a) Has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms ? Yes No
 If "Yes", please give details

(b) Have you suffered any loss of money within the last 5 years through dishonesty of employee(s) or by any other means ? Yes No
 If "Yes", state the circumstances and the steps taken to prevent a recurrence.

Date of Occurrence	Details of Loss	Amount Involved
DD/MM/YYYY		
DD/MM/YYYY		

3.2 Please indicate how cash is carried to or from banks and how it is accompanied

3.3 Are the keys of all safes/strong rooms removed from the premises after business hours ? Yes No

3.4 Have any claims and/or incidents occurred in the last 5 years giving rise or which may give rise to losses ? Yes No
 If "Yes", please give details

3.5 Are the business premises occupied after office hours ? Yes No

3.6 State details of security measures during and after business hours

DECLARATION

I/We hereby declare that the above answers are to the best of my/our knowledge and belief, true and complete and that I/We have not withheld or concealed any material information regarding this proposal. I/We agree that this declaration, and the answers given above, as well as any further proposal or declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and LOLC General Insurance Limited.

Liability of the Company shall not attach until cover is confirmed in writing by LOLC General Insurance Limited and the premium has been received

Date

Signature and Company Seal / Partners or Principal

NOTES

- A complete answer should be given to each question (Please (√) tick where applicable)
- Cover against Terrorism cannot be obtained without Riot & Strike Cover.

FOR OFFICE USE			
Checked & Accepted by	<input type="text"/>	Rated by	<input type="text"/>
Credit Approved by	<input type="text"/>	Date Approved	<input type="text"/>
Signature of Manager	<input type="text"/>	POLICY NUMBER	<input type="text"/>



LOLC GENERAL INSURANCE LIMITED

Company Registration Number: PB 4823

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