



**PROPOSAL FORM
FOR
MONEY INSURANCE**

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PROPOSAL FOR MONEY INSURANCE

Full Name (s) of insured:

Postal Address:

.....Province:

Period of Insurance: From 4.00 p.m. To 4.00 p.m.

Occupation:

Situation of Risk:

.....Province:

Section 1: MONEY IN TRANSIT

1. Is any cash carried under contract by a Security Service?

2. (If so, please forward copy of contract and/or specification.) If not, please complete the following:

a) Number of employees engaged in any one carry to or from Bank

.....

b) Are such employees armed?

c) Have you satisfied yourself as to their honesty and integrity?

.....

d) If so, how?

3. In what sort of receptacle is the cash carried?

4. How many times a week is cash carried?

5. a) What is the approximate distance between premises and bank?

.....

b) Is a vehicle used by employees whilst engaged in carrying the cash?

.....

c) If so, is the same vehicle always used?

d) Is pick up from and/or delivery to the bank made at any regular time?

.....

e) If not, at what intervals are pick-up and delivery time varied?

.....

f) Is the same route always used in trips to and from the Bank?

.....

g) If not, how often is one route varied and how many alternative routes are employed?

.....

6. What is the maximum amount carried at any one time? (The Sum Insured under Section 1)

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SECTION 2: MONEY ON THE PREMISES

a) During Business Hours:

(i) Where is the money usually kept (i.e in Tills, Cash Drawers, Office, etc)?

(i).....

(ii) If in Tills, how often are they cleared during the week?

(ii).....

(iii) What is the maximum amount of money left out of a locked safe during Business Hours? This will be the Sum Insured under Section 2 (a)

(iii)K.....

b) Outside Business Hours:

(i) Where will the money be kept?

(i).....

(ii) Will all Cash Registers be left with the drawers open after Business Hours?

(ii).....

(iii) What precautions are taken for the safety of the money?

(iii).....

(iv) What is the maximum amount of money left out of a locked safe after Business hours? (This will be Sum Insured under Section 2 (b))

(iv)K.....

c) In safes:

(i) What is the make of safe?

(i).....

(ii) Year of manufacture?

(ii).....

(iii) Is it a Burglar resisting safe?

(iii).....

(iv) Who has keys to the safe?

(iv).....

<p>(v) Are any keys left on the premises after business hours?</p> <p>(vi) Is it secured to the floor or wall?</p> <p>(vii) What is the maximum amount of money kept in the safe/s? (This will be the Sum Insured under Section 2 (c))</p>	<p>(v).....</p> <p>(vi).....</p> <p>(vii)K.....</p>
<p>SECTION 3:</p> <p>(i) Do you wish to insure money in transit from your business premises to your home or the home of an authorised employee, whilst there and until returned to your premises or until paid into the Bank? (The Cover under this Section ceases at Bank closing time on the next business day following that on which the transit to the residence was completed.)</p> <p>(ii) If so, at what time will the carry usually be made?</p> <p>(iii) Will the carrier of the money be escorted?</p> <p>(iv) Will he travel on foot or by vehicle?</p> <p>(v) What is the maximum amount to be carried? (This will be the Sum Insured under Section 3)</p>	<p>(i)YES/NO</p> <p>(ii).....</p> <p>(iii).....</p> <p>(iv).....</p> <p>(v)K.....</p>
<p>Section 4:</p> <p>Do you wish to insure the Safe against loss or damage by burglars? If so, state value. (This will be the Sum Insured under Section 4.)</p>	<p>YES/NO K.....</p>
<p>Has the risk or any other insurance in which you have been interested, either alone or jointly, or with any other person, ever been declined, or cancelled or accepted on special terms by any other company?</p> <p>.....</p> <p>.....</p> <p>If so, state name of Company and give details.....</p> <p>.....</p>	
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DECLARATION

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

DATE.....SIGNATURE.....

NAME & POSITION.....