



## PROPOSAL FOR MONEY INSURANCE

1.	Name of Proposer:					
	Address: City Woreda Sub/City H. No P. O. Box Tel					
2.	Trade or Business Nature:					
3.	Business Address:					
4.	Period Of Insurance required: From To					
5.	Details of safe(s) Maker's Name:					
a. Maker's mark and identification No:						
	b. Age:					
	c. Weight and dimension:					
	d. Value of safe:					
	e. Is the safe securely fixed to the structure of the building?					
	If so, how					
f. Where are the keys kept when the premises containing the saf						
	occupied?					
6.	Have you ever had an Insurance of money in transit or in safe? If so, give details					
7.	Has Proposer's insurance of this nature ever been declined or cancelled or have					
	special conditions been imposed? If so, give details					
8.	Has proposer ever sustained a loss of money while in transit or from the premise?					
	If so, give details					
9.	Type and Amount of "Money" to which cover is required:					

## PART I PREMISES RISKS

<u>Descri</u>	<u>iption</u>	Safe Identification	Value of Safe	Maximum Amount money kept (L. A. O.L.)		
	oney whilst in locked a) or strong-room(s)	d				
PAR <sup>7</sup>	T II TRANSIT RIS	<u>KS</u>				
	<u>Description</u>	Estimate amount o in one ye		Liability any one loss (L.A.O.L)		
(a) (b) (c)	Transit to the prem Transit from the proof. Other transits (spec	remises				
Notes						
1. The premium in respect of PART II above is subject to adjustment						
	actual amount in transit during the period of Insurance.					
2.	The premium u	The premium under PART I is NOT subject to adjustment.				
3.	. The maximum amount of the company's liability does not exceed the amoun					
	stated in the co	lumn headed;'Liabi	lity any one loss" i	n each case.		
Decla	<u>ration</u>					
				nd I/We declare that the		
	•		0	d the Company and I/We		
				nt in the form required by		
Ū		•		amount in excess of that		
	ated above.	y construction for	Processing the samp			

Proposer's Signature \_\_\_\_\_