MAYFAIR INSURANCE COMPANY LIMITED 8<sup>TH</sup> FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD P.O. BOX 45161 – 00100, NAIROBI, KENYA TEL: +254 20 2999 000, FAX +254 20 2999111 MOBILE: +254 733/724 256925 EMAIL: info@mayfair.co.ke



# **MONEY INSURANCE PROPOSAL FORM**

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

#### Name of Agent/Broker

PARTICULARS OF THE PROPOSI	ER
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Name of the proposer (in full)							
Postal A	Address	P.O. Bo	эх	Town	ı		
		Teleph	one				
Profess	ion or Occu	pation (	Nature of business)				
Period of Insurance From				То			
PIN Nui	mber (Atta	ch copy	of certificate)				
PAR	TICULAR	S OF P	REMISES				
1.		out i.e. w	emises where the business varehouse, shop, office,	; 			
2.		•	uilding/plot				
Details	of safe(s)/s	trongroo	om(s)/drawer(s) where				
the money is kept during and after business hours							
3. Between what hours are your premises open for business?							
SEC	JRITY						
<ol> <li>Will the premises be guarded whilst they are close If so, give name and address of the security compa</li> </ol>			C	YES	NO		
	Postal Add	lress	P.O. Box		Towr	l	
<ol> <li>Are the premises fitted with alarm system?</li> <li>If so, give name and address of the security compared</li> </ol>			company giving back up serv	ices	YES	NO	
	Postal Add	lress	P.O. Box		Towr	۱	
			Telephone				

- 3. Is the money on the premises kept in locked safe or strongroom when closed for business?
- 4. What precautions are taken for the safety of the money
  - (i) During transit? \_\_\_\_\_
  - (ii) Whilst on the premises? \_\_\_\_\_
  - (iii) In regard to character of employees on engagement?

### PARTICULARS OF INSURANCE

1. Are you now or have you been insured for this type of cover?

If YES, please give name of insurers and policy number \_\_\_\_

- 2. Has any office of insurance company, or underwriter ever
  - (i) Cancelled your policy?
  - (ii) Declined to insure you?
  - (iii) Refused to renew your policy?
  - (iv) Imposed any special terms?
  - Repudiated any claim? (v)

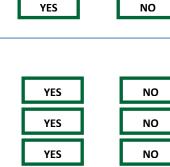
If the answer to any of the above questions is YES, please give details

#### **CLAIMS EXPERIENCE**

1. Have you sustained a loss in connection with the type of insurance now proposed? If YES, state full details, including name of insurance company, if any, involved

#### **DESCRIPTION OF MONEY INSURED**

1.	During	transit	liability for a	
	(i)	Money in the custody of the insured or insured's authorised employee		
		to and from bank		
	(ii)	Money in custody of the insured or insured's employee in transit other		
		than as above (specified as under)		
2.	. Whilst at premises			
	(i)	Money in locked safe or strong room during or after business hours		
	(ii)	Money in cash counters or drawers during business hours only		
	(iii)	Value of safe or strong room stated above if cover taken		
	ESTIMATED ANNUAL AMOUNT OF MONEY INTRANSIT			



YES	NO
YES	NO
YES	NO
VES	NO

NO

Limit for company's any one loss

YES

NO

YES

#### SECURITY SYSTEMS/SURVEILLANCE EQUIPMENT WARRANTY

Warranted that the insured shall maintain the system/equipment in good working condition at all times and that they be switched on at all times during business hours, when the premises is closed for business/when it is left unoccupied.

Subject to terms, clauses, conditions, endorsements and warranties printed on the within mentioned policy and attached thereto.

## DECLARATION

I/WE do hereby declare that the above answers and statements are true and that I/we have not withheld any material information regarding this proposal. I/We agree that this declaration and answers given above as well as any proposal or declaration or statement made in writing by me/us or any one acting on my/our behalf shall form the basis of contract between me/us and the company and I/we further agree to accept indemnity subject to the conditions endorsed on the company's policy.

Date of proposal

Signature and stamp of proposer

# THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

#### FOR OFFICIAL USE ONLY

Branch Manager/Authorised Person(s) signature

\_ Date \_\_\_\_\_