

CASH IN TRANSIT PROPOSAL FORM

Section A: General

Q1 – Please provide registered name and address of Proposer:	
Name of Proposer	
Company name	
Head office address	
Please include any subsidiaries to be covered hereunder:	
Name of subsidiary	Address

Q2 – Please provide addresses of branch office/depots and/or operating bases (if any):	
Name	Address

Q3 – How long have you been in business?	Years Months
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Q4 - List Directors and Officers of the Company and how long they have held this position:		
Name	Job title	Length of service in current job

Q5 – Have you been, or are you currently insured?	
The name of insurer	
Name of brokers/agents	
Renewal date of the policy	

Q6 – Has any insurer refused, cancelled or imposed special terms?	
If so, give details:	

Section B: Record

Q7 – Have you or any principals, partners or directors sustained any loss or damage during the last six years which would have been covered by cash in transit insurances?	
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Q8 - If Yes for Q7, for each incident give the approximate date, brief circumstances and amount.		
Date	Circumstances	Gross amount

Section C: Amounts exposed

Q9 – what was your annual gross revenue from all car operations for the last 12 month accounting period?	
What is your estimate for the next accounting period?	

Q10 – what is the percentage breakdown of carryings over the last 12 months?	
Movements for banks	
Payroll deliveries	
Movements for retail stores	
Other	
Of the above	
What percentage are movements from secure area to secure area only?	

Estimate your annual face value carryings by type:	
Cash	
Coin	
Securities/valuable papers	
Jewellery	
Fine Art	
Other/unknown	
Total	

Section D: Procedures

Q11 – How are entry and exit to the premises controlled for the following	
Vehicles	
Personnel and visitors	

Q12 - Do you practice dual control for opening and closing of all safes and vaults	
Q13 - How often is the combination to the safe / vault changed?	
Q14 - Do you have a procedures manual?	

Q15 – Specify the alarm systems that protect	
Safes	
Vaults	
Premises	

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Q16 - Are alarm systems powered by public supply?	
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Q17 - Does the power supply have an emergency back up?	
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Q18 - Do you have a radio communications system on all vehicles?	
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Q19 - Will all your operations be carried out within radio range of your base station?	
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Q20 – Who will maintain your vehicles?			
Yourselves		Outside party	

Q21 - Will your vehicles be kept in secure premises when not in use?	
If no, please give details	

Q22 - What are the minimum number of personnel on duty at your premises?				
During closed periods	Armed		Unarmed	
During business hours	Armed		Unarmed	

Q23 – Will all staff operating vehicles be issued with or required to wear/carry the following items on duty:	
Uniform	
Side arms	
List other protective items	

Q24 – What will be the minimum number of crew (including driver) who will ride in each vehicle on operations?	
Up to limit:	Number of crew

Q25 - When collecting cash are the employees required to have an authorisation form plus identification card from your organisation:	
If not, what procedures are in place?	

Q26 – State briefly the period of regular training required to produce a fully trained crew member.

Q27 - How long as a minimum do you employ people before allowing them to crew an armoured car	Years
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28. Do management regularly monitor operational crew performance and retain such records on file?	
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Section E: Personnel

Q29 – State numbers employed in each category:	Full time	Part time
Management		
Supervisory		
Office/Clerical		
Sales		
Crewman		
Mechanics		
Vault custodians		
Vault assistants		
Others		

Q30 – Do you have photographs and fingerprint records of all employees on file at your branch or corporate office?	
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Q31 - Do you require your new employees to submit to the following tests?	
Medical	
Polygraph	
Psychological	
Narcotics	
If no to any of the above, give details	

Q32 - When screening new employees do you conduct the following checks?	
Prior employment references	
Credit	
Neighbourhood	
Criminal record	
Driving licence	
If no to any of the above, give details	

Section F Coin operations

Q33 - Do you count coin?	
Q34 - Do you roll coin?	
Q35 - Do you keep all coin currency for each of your customers separately?	
If no to any of the above, give details	

Section G ATM operations

Section G only to be filled in if relevant to your organisation

Q36 - Do you engage in replenishment or collecting of deposits?	
And/or	
Q37 - Do you engage in full maintenance contracts?	
Does this include coverage of cash whilst in the machine?	

Q38 - How many machines in total do you service?	
Free standing?	
On bank premises?	

Q39 – What is the estimated total annual carryings for ATM services	
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Q40 – What is the maximum number of ATMs each ATM crew has access to at any one time?	
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Q41 – How many people on any one date will have code access to machines?	
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Q42 - What are your Insurance Limits?	
Limit of Insurance you require:	
Credit	
Maximum amount exposed:	

Q43 – Does each ATM crew return to your premises all material giving means of access to ATMs at the end of each shift?	
If no to any of the above, give details	

Q44– Do cash collection and maintenance routes vary?	
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Appendix one:

Equipment

Tick Boxes

Below that Correspond to Questions 2-10

Ma ke	Mod el/Y ear	Licenc e Plates & Regist ration Numb er	Avera ge Amou nt Carrie d	Maxi mum Amou nt Carrie d	1. What is the pro tec tion level of the veh icle (p le ase in	2. Is the vehicle alarmed ?	3. Does the veh icle have two com part ments ?	4. Is there a tracking system?	5. Is there a bulkhea d that fully protects at least one membe r of the crew whilst any one door to the armour ed vehicle is open?	6. Is the bo dy ent irely bullet proof? *	7. Are the re aut oma tic do or lock ing sys tems in place ?

*(that is able to stop or deflect a 9mm bullet at 1,500 feet per second or 450 meters per second?)

Please record any other information you think relevant	
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Declaration

Please read this carefully before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of the proposal does not bind me to an insurance contract but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Full name: _____

Signed:

Status in organisation:

Company Name:

Date:

I You should keep a record (including copies of any letter) of all information supplied to Underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is affected.

You must inform us of any change in circumstances, which will materially affect this insurance.

In addition, please sign below if you would like to exclusively appoint your broker.

Name of Broker:

Signed:

Date:

Your signature verifies that you will only work with this chosen broker

Συγκατάθεση για τη χρήση πληροφοριών

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει .

Δήλωση

Ο κάτωθι υπογεγραμμένος επιβεβαιώνει ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω .

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιαδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

Υπογραφή *

Όνομα

Θέση της εταιρείας

Ημερομηνία

* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος