

PROPOSAL FORM FOR MONEY INSURANCE

AGENCY [] ACCOUNT NUMBER [] CLIENT NO []

All questions must be answered in full. Please use block letters or tick as appropriate

SECTION 1 - PROPOSER DETAILS

- a. Full Name of Proposer []
- b. Contact Details: (tel): [] (fax): []
 (mobile): [] (web): []
 (email): []
 (postal): [] (code): [] (town/ city): []
- c. Tin Number : []
- d. Profession / Occupation [] Contact Person []
- e. Period of Insurance From : [] To : []

INSURANCE /CLAIMS HISTORY

1. Have you ever been insured before? Yes No
 If yes, please give name of Insurer and policy Number
 []
2. Are you currently insured for the type of cover proposed? Yes No
 If yes, please give name of Insurers
 []
3. Has any Insurance Company or Underwriter ever :
 a) Cancelled your Policy? Yes No
 b) Declined to insure you? Yes No
 c) Refused to renew your Policy? Yes No
 d) Imposed any special terms? Yes No
 e) Repudiated any claim? Yes No
 If the answer to any of the above is yes, please give details
 []
4. Have you in the last 3 years suffered a loss in connection with the type of insurance now proposed? Yes No
 If yes, give details
 a) Dates of loss []
 b) Amount of loss []
 c) Cause of loss []
 d) Name of the Insurance Company with which the Claim was made []

THE PREMISES

5. State the type of premises where the business is carried out i.e. warehouse, godown , shop, offices, factories, others

[Redacted]

6. Situation of premises

a) Name of building

[Redacted]

b) Plot Number

[Redacted]

c) Street / Road

[Redacted]

d) City /Town

[Redacted]

e) District

[Redacted]

7. What are your usual business hours?

From

[Redacted]

To

[Redacted]

SAFE/STRONGROOM

8. Do you require cover for cash contained in a locked safe or strong room?

Yes No

If yes, please state:-

a) Make of Safe or Strong Room

[Redacted]

b) Type

[Redacted]

c) Size

[Redacted]

d) Weight

[Redacted]

e) Where will it be kept?

[Redacted]

f) How is the safe secured and/or anchored?

[Redacted]

TRANSIT COVER

9. Describe how your money is conveyed.(Tick where appropriate)

By employees

By Security firm

Police Escort

Others (please specify)

[Redacted]

FIDELITY GUARANTEE

10. Do you have any Fidelity Guarantee policy?

If yes, give details of the amounts guaranteed

[Redacted]

LIMIT OF COVER REQUIRED

Circumstances	Amount
1. Money in Transit from premises to bank and vice versa.	
2. Money in the Insured's premises during business hours	
3. Money in the Insured's premises out of business hours securely locked in cabinet/ drawer	
4. Money in the hands of and or at the residences of the Insured's principals or authorized employees	
5. Money in the hands of sales persons/drivers and /or other employees authorized to collect sales money/proceeds	
6. National Hospital Insurance Fund and revenue stamps	
7. Money in locked safe or strong rooms	
8. Value of safe or strong-room	
9. Any other (please specify) :	
Estimated Annual Carry	

Please note that the cover is subject to an escort/transit warranty, a specimen wording of which is available on request

Declaration

I / We hereby declare that the above answers are true to the best of My/Our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and The Heritage Insurance Company Tanzania Ltd.

Name of Proposer _____ Signature _____ Date _____

(Note :The proposal form must be completed and signed by the proposer)

The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the Company.