



NITOL INSURANCE COMPANY LIMITED

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PROPOSAL FORM FOR MONEY INSURANCE

Before any question is answered please read carefully the declaration at the end of this proposal, which you are required to sign. Check Yes / No boxes as appropriate.

A. GENERAL

1(i) Register Name and address :

(ii) Please give Address of : Premises-1:
Head Office/ Branch Office/
ATM Booths

Premises-2:

Premises-3:

(Continue on a separate sheet if necessary)

Main office tel. no. :

Main office fax. no. :

2. How long established? :

3. Please list Officers and :
Directors of Company; and
state Security experience for
key personnel.

(Continue on a separate sheet if necessary)

B. RECORD

4. Has the proposer suffered :
a loss during the past 5 years?

(If 'Yes' give brief details and amount involved)

5. Have you been insured with :
another Company?
If so with whom? :

6. Has your insurance ever been :
refused, cancelled or
had special terms imposed?

(If 'Yes' please give details)

C. AMOUNT INSURED

7. What Limits of insurance do you require for insured property :
- (a) Whilst in anyone armoured vehicle at any one time? :
- (b) Whilst outside an armoured vehicle at any one time? :
(i.e. pavement risk)
- (c) Transit by :
From :
To :
- (d) Do you require coverage for vaulting operations within your secured premises? :

(Please continue on separate sheet and list each branch)

- (a) Vault :
(b) Cash-in-safe :
(c) Cash-on-counter :
(d) Cash-in-ATM :
(e) Cash-in-Transit :

D. AMOUNT EXPOSED

8. What are actual carryings for the last 12 months?
- Cash [banknotes] :
Coins :
Securities-
Negotiable :
Non-negotiable :
Travelers' Cheques :
9. Please advise the total average aggregate value held in your vaults overnight for which you are fully responsible during the last 12 months.
- Cash [banknotes] :
Coins :
Securities-
Negotiable :
Non-negotiable :
Travelers' Cheques :
10. What is the maximum value of anyone sending or conveyance at your liability?
- (a) Cash [banknotes] :
(b) Others valuable :
11. What is the maximum value of any one sending or conveyance at the liability of the carrier (please specify carrier)?
- (a) Cash [banknotes] :
(b) Others valuable :
12. Further to 12 above, do you require :

contingent coverage to that of the carriers' liability?

E. PROCEDURES & MANNING

13. Will your premises be manned :
24 hours a day?
(If No, give details of procedures & protection-continue on separate sheet if necessary)

14. What is the maximum number of personnel on duty?

During closed periods

Armed :

Unarmed :

15. Do your operating procedures :
requires that liability be exposed
within your secured premises
other than whilst in vault or safe.
(If yes, give full details of exposure and procedure and protection)

(a) During normal working hours :

(b) Closed period :

16. (a) What is the minimum number of :
personnel on duty at the terminal
during hours of operation?

(b) Describe access controls :

F. PHYSICAL SECURITY

17. State make and model of your vault and safes.

	Make	Model	Size	Weight	Age[If known]	Rating[If Classified]
Safe-1						
Safe-2						
Safe-3						
Vault-1						
Vault-2						
Vault-3						

18. Specify the alarm systems that protect:
- (a) Safe :
 - (b) Vaults :
 - (c) Premises :

(continue on separate sheet if necessary)

19. How many members of your organization have been entrusted with:
- (a) Keys? :
 - (b) Alarm Code? :
 - (c) Vault/ Safe combination? :

Confirm that no one person has access to keys :
 alarm code and combinations that would allow
 sole access

20. Do you practice dual control for opening closing of :
 all safes an vault

(If No, please give details-continue on a separate sheet if necessary)

21. When was the last date that the combination :
 to safe/vault was changed?

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS, PARTICULARS, AND ANSWERS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MIS-STATED ANY MATERIAL FACTS. I/WE AGREE THAT THE STATEMENTS, PARTICULARS AND ANSWERS CONTAINED HEREIN SHALL CONSTITUTE PART OF THE PROPOSED CONTRACT AND THAT ANY ALTERATION OR VARIATION OF PROTECTIONS AND/OR SAFEGUARDS AND/OR PROCEDURES AND/OR EQUIPMENT TO THE DETRIHENT OF INSURER WILL NOT BE MADE WITHOUT THE KNOWLEDGE OF INSURER.

IT IS FURTHER AGREED THAT THE CONTAINED ACCURACY OF THE STATEMENTS, PARTICULARS AND ANSWERS SHALL BE A CONDITION PRECEDENT TO UNDERWRITERS LIABILITY UNDER THE PROPOSED INSURANCE.

FULL NAME :

STATUS IN THE PROPOSER'S :
 ORGANISATION

SIGNATURE :

DATE :