19-21 Knutsford Boulevard, P.O. Box 514, Kingston 5, Jamaica, West Indies. Toll Free: 1-888-GET-JIIC (438-5442), E-Mail: lnfo@jiiconline.com, Website: www.jiiconline.com

MONEY INSURANCE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED

THE PROPOSER:								
NAME IN FULL:								
POSTAL ADDRESS: _								
Postal Code (if any)		TRN:						
TELEPHONE No(s): _					e-mail addre	ss:		
Cell,No(s)				Provider(s):				
TRADE or BUSINESS:								
ADDRESS(ES) OF PRO	POSER'S	PREMISE	ES:					
1. DETAILS	OF TRANS	SITS						
a) How is money convey	yed betweer	your prem	ises and the Bank?					
b) What is the distance f	he Bank?							
c) Is the route a frequent	ted one?							
d) How many persons as	re engaged i	n carrying	the cash?					
e) Do the same persons always go?								
f) What is their position	?							
g) Has their record alwa	-	•						
h) How many days a we								
i) How many journeys a								
j) What special precaution		•						
k) State if money is distr								
l) Any other transits other	er than in a)	above? (If	so, describe)					
2. DETAILS OF PI	DEMICEC	DICKC						
a) Address(es) of Premis			room(s)					
		. (-) 8						
b) Where in the premise	s is/are the	safes/strong	grooms situated?					
(i.e. what part and/or flo	or of the pro	emises)						
c) Number of keys to sa			d position of					
holders (if applicable)	,, -							
d) Number and positions	s of persons	who have	combinations					
(if applicable)								
e) Details of receptacle(s) (other than safe/strongroom) in which								
money is kept (if applicable) – Nature of receptacle, where kept,								
who holds key (position		•						
3. DETAILS OF SA Maker's name and part-		STRONGI Size	ROOMS Weight	Method of	New or	Purchase	Cost	
iculars on name-plate	No.	Size	vv Cigiit	fixing safe	2 nd hand	date	Price	

	IN TRANSIT Cheques, crossed money or postal orders,	if to be covered:						
<u></u>								
ii. Sui	m to be insured any one loss:							
	spect of the following questions the term '			heques, crossed money or postal orders				
b) Money to	o be Insured							
1) Wh	nilst in transit between the Premises and th	e Bank or Post Offi	ce:					
i) Esti	imated total amount in transit annually							
	aximum sum carried at any one time							
2) In 1	respect of any other transit (e.g. whilst in p	ossession of salesp	ersons, or carried by	directors or authorised employees to or				
fro	m their residence) describe transit and stat	e maximum sum ca	rried at any one time	>				
5. PREM	5. PREMISES RISKS		LIMIT OF LIABILITY					
A. MONEY AT INSUREDS PREMISES a) During Business hours		(i)	(ii)	(iii)				
i) in a loc	ked safe or strongroom							
ii) other t	han in a locked safe or strongroom							
b) Out of E	Business hours							
i) in a locked safe or strongroom								
ii) other t	han in a locked safe or strongroom							
	R PREMISES ht safe at a bank							
,	ctor's, partner's or employee's residence							
	ituation - describe							
iii) ouiei si	ituation - describe							
	GENERAL							
6.	Are the Premises occupied at night? If	so by whom?						
0.	Are the Fremises occupied at highe: 11	so, by whom:						
7.	Have you ever sustained a loss of the ki	ind to be insured?						
	If so give particulars							
8.	Has any Insurer declined to accept, or r	efused to renew						
•	Your insurance, or increased your prem	ium, or required						
	special terms or additional precautions t If so, state name of Company and dates.							
9.	Do you hold any other Policies with JII							
	advise type of policy.							
		,						
PERIOD O	F INSURANCE FROM		TO					
Th 12			21.1 1.1	.1.6				
	is voidable if the proposer makes any fa TION: I declare that to my knowledge ar		•					
on my behal	If are true and complete, that I have not wi	thheld any material	information. I agree	e that this proposal and declaration shall				
	of the contract between me and Jamaica Ir	nternational Insuran	ce Company Ltd. w	hose policy terms and conditions I				
accept.								
DATE:	TE:SIGNATURE OF PROPOSER							
Broker /Age	ent							

Form No. JIIC MNY PF 10/2006