

OMAN UNITED INSURANCE CO. S.A.O.G.



الشركة العامة للتأمين والتأمينات عمان ج.م.ع

SECURITY SERVICES

P.O. Box 1522, Postal Code: 112 Ruwi, Sultanate of Oman, C.R. No.1/23725/0 Tel.: 24477466 / 432 / 444 / 24477425  
Fax: 24477401 / 24477334 E-mail: enquiry@ouic.com.om\_Website : ouic-oman.com

## Money Insurance Proposal Form

Name of Proposer (in full) _____	
Address _____	
Business _____	
Estimated annual Amount of Money in transit (which Is the basis on which the deposit premium is charged) RO.	Highest Amount in transit at any one time (which is to be the limit of the Company's liability for any one loss) RO.
1. What are the names and addresses of the places between which money will be in transit? (If the space herein provided is not sufficient, please give the information fully by attaching a separate sheet).	From : _____ To : _____
2.(a) What is the maximum distance over which money will be conveyed?  (b) Between what hours will the money be in transit?	(a) _____ (b) _____
3.(a) How many persons will carry the money at a time?  (b) Is he/are they your regular salaried employees?  (c) What is/are his/their occupation?  (d) Is he/are they covered under a Fidelity Guarantee Policy or Policies? If so, for what sum and with which office?	(a) _____ (b) _____ (c) _____ (d) _____
4. How is the money carried? (i.e. whether in bags, trunks, etc. and in how many of them?)	
5. What means of transport do the persons conveying the money use.	
6. Are the persons conveying the money accompanied by an armed guard? If not, state what protection, if any, is provided for them.	
7.(a) On what day is money drawn  (b) On what day is money paid out ?	(a) _____ (b) _____
8. After money is received at your main premises, is it reconveyed to other premises? If so, give particulars  (This question need not be answered unless it is required to have the Policy extended to cover any part of the money that is drawn whilst secured in locked safes until paid out)	
9.(a) What part of the money will be kept on your premises and for how long?	a) _____

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(b)Where will it be kept? (c) What is the name of the maker of the safe? (d) What are the dimensions of the safe? (e) Is it marked Burglar Resisting? (f) What is the approximate age of the Safe? (g) What is the weight of the safe (h) Will the premises be guarded whilst they are closed for business ? if so, by whom?	(b) (c) (d) Height _____Width_____Depth_____ (e) (f) (g) (h)  Other Security measures i.e. safe location
10. Do you wish the risk of infidelity of the persons carrying the money to be covered?	
11. Have you ever suffered any loss of money while in transit or while on your premises? If so, give full particulars.	
12. Has any Company or Underwriter at any time: (a) Ever declined your proposal? (b) Required an increased premium or special conditions and/ or (c) Cancelled or refused to renew your insurance?	(a) (b) (c)
<p>We hereby declare that the statements made by us in the Questionnaire and proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any Policy issued in connection with the above risk(s).</p> <p>Dated _____ 200 _____ Signature _____</p>	