



# UNITED GENERAL INSURANCE COMPANY LTD

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## **PROPOSAL FOR MONEY INSURANCE**

Money for the purposes of this insurance means current coin, Bank and Treasury Notes, Postal Orders, Money Orders, Uncrossed Cheques, Securities for Money, used or unused stamps (on cards or otherwise) of every description belonging to the Insured.

**Please give specific answer to each question.**

1(a) (i) Name of Proposer (in full) (ii) Address (a) Postal (b) Business (iii) Trade or Business	..... ..... ..... .....
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1(b) Please state the address of premises to which the insurance to apply. If more than one, state all.	..... ..... .....
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2. Are the premises in your sole occupation? If NO, furnish details.	<input type="checkbox"/> Yes <input type="checkbox"/> No ..... .....
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3. Are premises occupied at night ? If YES state by whom	<input type="checkbox"/> Yes <input type="checkbox"/> No ..... .....
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4(a) State in respect of wages and other money (including petty cash drawn from bank)  (i) total estimated annual amount carried : K ..... (ii) maximum amount carried at one time: K .....	
(b) State in respect of wages and other money (including petty cash) in transit from Insured's premises to branches or outside sites  (i) total estimated annual amount carried : K ..... (ii) maximum amount carried at one time: K .....	
(c) State in respect of money paid into bank  (i) total estimated annual amount handled : K ..... (ii) maximum amount handled at one time: K .....	

(d) State limit to apply in respect of:-

(i) any one loss whilst in the premises when open for business and attended

Maximum amount handled at any one time: K .....

(ii) any one loss from locked safes and/or strongrooms (as detailed under 7)  
when the premises is closed for business

Maximum amount kept at any one time: K .....

(iii) any one loss outside safe when the premises is closed for business but in  
locked drawers

Maximum amount kept at any one time: K .....

5. State :

(a) how many carryings are  
made per week.

(b) the maximum distance  
involved.

(c) how is each journey made  
(i.e. on foot, by public/  
private conveyance etc.).

(c) how many employees  
accompany each carrying?

(e) what special security  
precautions are taken  
during transit?

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6. If money in the custody of any  
collector is to be insured, state

(a) number of such employees

(b) maximum amount in the  
custody of any one such  
employee.

(c) estimated annual total of  
money collected.

.....  
K .....  
K .....

7. Do you have delivery vans with sales  
person following money? If yes,

Yes

No

(a) number of such vehicles

(b) maximum amount carried at  
any one time

(c) do(es) the vehicle(s) have 'Drop-  
in Safe(s)' fitted.

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8. State details of safe(s) or strong details of each) - Please attach	room(s) (if more than one state additional sheet, if required
(a) Make/model and number	
(b) Dimensions	
(c) Weight	
(d) Whether marked "burglar resisting"	
(e) Whether bedded in concrete or otherwise fixed	
(f) Value of safe for insurance purposes	
(g) By whom are the keys held?	
(h) Are the keys removed from the premises when the premises are closed for business?	
NB: The keys of the safe(s) shall not be left in the premises when the premises are closed for business.	

9. Are the employees engaged in the handling of MONEY guaranteed under a Fidelity Guarantee Policy? If so, give details of policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No ..... .....
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10. Have you sustained a loss of the kind to be insured? If so, please give particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No ..... .....
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11. Do you wish to insure against injury of principals and employees by assault? (Capital Sum K10 000).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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12(a) Have you ever proposed for a similar insurance? (b) If so, to whom and with what results? (c) Has your insurance ever been	<input type="checkbox"/> Yes <input type="checkbox"/> No ..... .....
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declined, renewal not invited or special conditions imposed?	
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Period of insurance required: From: ..... To: .....

I/we declare that the above statements and particulars are correct and complete. I/we agree that this proposal shall be the basis of contract between me/us and the Insurer, subject to the terms and conditions of the policy insured by the Insurer.

Date: ..... Signature of Proposer .....

Name and Designation: .....  
(in block letters)

The liability of the Insurer does not commence until this proposal has been accepted by the Insurer.
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