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THE UNITED INSURANCE COMPANY SC

Al Paulo Building, Debre Zeit Road

Tel. 011-465 5656, Fax. 011-465 3258, P.O.Box 1156, Addis Ababa, Ethiopia

MONEY INSURANCE PROPOSAL FORM

Name & Address
of Proposer

Trade/Profession:

Period of Insurance: From

TO

DEFINITION: For the purpose of this insurance, the term, "Money" means: Cash and Bank Notes, Currency Notes, Cheques (not crossed), Postal Orders, Postage and Revenue Stamps, The Proposer may delete any of the aforementioned items which are not considered applicable in which case there will be no cover under the Policy for items so deleted.

COVER REQUIRED

| DESCRIPTION | LIABILITY ANY ONE LOSS | EST. AGGREGATE AMOUNT ANY ONE YEAR | |
|--|--|---|--|
| <p>SECTION I: TRANSIT RISKS</p> <p>1. To the Premises and/or Other Places of Disbursements</p> <p><i>On money as specified above from the time such counter, while in-transit until arrival at the Proposer's premises and/or any other place of disbursements</i></p> | | | |
| <p>2. Transits from the Premises</p> <p><i>On money as specified above while in-transit from the time such money leaves the Proposer's premises until received by that Bank and/or Post Office</i></p> | | | |
| <p>3. Other Transits</p> | | | |
| <p>SECTION II: PREMISES RISKS</p> <p><i>On money as specified above whilst in locked safe(s) and/or strong-room(s) including loss of and/or damage to such safe(s) and strong-room(s) as may be caused by Burglary, Housebreaking and/or Theft</i></p> <p><i>Please list safes/strong-room give details and specify amounts in each</i></p> | <p>LIST OF SAFES/STRONG-ROOMS</p> | <p>AMOUNT</p> | |
| <p><i>Maximum liability any one period of insurance</i></p> | | | |

| | |
|---|--|
| <p><i>Where are the keys of safe (s) strong-room(s) kept when the premises are not occupied?</i></p> | |
| <p><i>Did you and do you have Fidelity Guarantee Insurance?</i></p> <p><i>If yes, please give details.</i></p> | |
| <p><i>Were you and are you now insured for Money in-transit and/or in safe/strong -room?</i></p> <p><i>If yes, please give details.</i></p> | |
| <p><i>Did you sustain any loss, which would have been covered by such insurance as you now propose to buy?</i></p> | |
| <p><i>Did any Insurer ever decline, cancel or impose special conditions on any of your insurances?</i></p> <p><i>If yes, please give details.</i></p> | |

DECLARATION: I/We hereby declare that the above particulars and answers are true and complete in every respect, and that no material facts have been suppressed or withheld., and. I/We further undertake to exercise all ordinary and reasonable precautions for the safety of the said property. I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves such person shall be deemed to have been my/our Agent for the purpose of filling in the same and I/we agree that this declaration and the answers above given shall be the basis of the contract between me/us and the Company/ I/We further agree to accept a Policy subject to the Company's terms, conditions, exceptions and endorsements and to pay the premium agreed therein.

Date: _____

Signature: _____

Producer: _____

Underwriter: _____