



# NITOL INSURANCE COMPANY LIMITED

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## PROPOSAL FORM 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) Registered name and address of proposer.  
(in this proposal form 'you' refers to the answer to this question)
- (ii) Please give Addresses of Head office/branch offices/ A' M booths.

Premises 1

Premises 2

Premises 3

(Continue on a separate sheet if necessary)

Main office

tel.no.

Main office

fax.no.

- 2 How long established?  
Please list Officers and Directors of Company; and
- 3 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. **AMOUNTS INSURED**

- 7 What Limits of insurance do you require for insured property:
- (a) Whilst in anyone armoured vehicle at anyone time?
  - (b) Whilst outside an armored vehicle at anyone time?  
(I'e' pavement risk)
- Do you require coverage for vaulting operations within your secured premises
- (c) Yes
  - No
- Branches ( Please continue on separate sheet and list each branch)
- Head Office
- (i) Vault
  - (ii) Safe

D. **AMOUNTS EXPOSED**

- 8 What are actual carryings for the last 12 months?
- Cash [banknotes]:
- Coins
- 9 Securities : Negotiable
- :non-negotiable
- Travellers Cheques:
- 10 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:
- Bullions:
- Securities : Negotiable
- :non-negotiable
- Travellers Cheques:
- 11 what is the maxium value of anyone sending or conveyance at your liability?
- (a) Cash [banknotes]:
  - (b) Others valuable
- 12 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

13 Further to 12 above, do you require contingent coverage to that of the carriers liability?                      Yes                      No

**E. PROCEDURES & MANNING**

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

15 What is the maximum number of personnel on duty  
  
  
Armed                      During closed periods  
Unarmed

Armed                      During closed periods  
Unarmed

16 do your operating procedures requires that liability be exposed within your secured premises other than whilst                      Yes                      No  
If yes, give full details of exposure and procedure and protection  
(a) During normal working hours  
(b) Closed periods

17 (a) What is the minimum number of personnel on duty at the terminal during hours of operation?  
(b) Describe access controls

**H. PHYSICAL SECURITY**

18 State make and model of your vault and safes.

	Make	Model	Size	Weight	Age (If Known)	Rating ( If classified)
Safe1						
Safe2						
Safe3						
Vault1						
Vault2						
Vault3						

19 Specify the alarm systems that protect:  
(a) Safes  
(b) Vaults  
(c) Premises  
(continue on separate sheet if necessary)

- 20 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 tp keys, alarm code and combinations that would allow sole access

- |    |  |    |
|----|--|----|
|    | Yes  | No |
| 21 | Do you practice dual control for opening closing of all safes an vault |    |
|    | Yes  | No |
- If No, please give details-continue on a separate sheet if necessary?

- 22 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 CONDITIONPRECEDENT TO UNDERWRITERS LIABILITY UNDER THE PROPOSED INSURANCE

**FULL NAME:-** \_\_\_\_\_

**STATUS IN THE PROPOSER'S ORGANIZATION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

DATE: