

Money Insurance

Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

1. General information

Names of companies proposed to be insured (including all associated and/or subsidiary companies)

Address (Please show the address required on the policy):

Contact person's name: _____

P.O. Box: _____ City: _____

Country: _____ Mobile no.: _____

Phone no.: _____ Fax no.: _____

Email address _____ No. of locations to be covered: _____

Territorial operations: _____

VAT Tax Registration Number (if applicable): _____

2. Occupation

Please describe the nature of the business operations and identify any special features carried by the proposer

3. Period of insurance

Period of insurance requested

From: _____ To: _____

4. Money details

'Money' means cash, bank notes, cheques, money orders, postal orders, bills of exchange, and postage and other stamps having a monetary value.

a. Give an estimate of the annual amount of money likely to be transported: AED _____

Maximum amount in transit any one time: AED _____

b. State the maximum amount in the safe at any time: AED _____

c. Maximum amount out of the safe (during business hours): AED _____

4. Money details (continued)

d. State whether you wish to insure against loss of 'Money' by housebreaking, burglary from locked safe or strong room, or by hold-up while in the premises including damage to any safe or strong room.

Housebreaking Burglary from locked safe or strong room

By hold-up while in the premises including damage to any safe

e. How much do you wish to be insured under category 4(d)? AED _____

5. Information required – Risk information

a. How will the money be conveyed?

On foot Private conveyance Public conveyance By banker's own armored vehicle

b. Will armed guards accompany the cash in transit? Yes No

c. What is the approximate distance the money will be conveyed? _____

d. Will there be any specific days when the cash in premises will increase usual amounts? For example, for distribution of wages/salaries? _____

e. If wages money is distributed to branch offices before being paid away, please give the following information:

i) Address(es) of branch(es) and amount(s) involved

No.	Branch address	Amount (AED)

ii) How is the money conveyed and protected? _____

iii) What is the approximate distance traveled? _____

5. Information required – Risk information (continued)

iv) Is money retained overnight at the branch(es)?

 Yes No

If so:

- How is it protected? _____

- If in locked safe, please provide the:

- Maker's name and identification mark: _____

- Dimensions: _____

- Built in wall Secured to floor

- Is it fire or theft resistant? Yes No

- Is insurance cover required for cash at branch(es) other than wages money? Yes No

If so, give details of amount(s) involved? AED _____

How is it kept? _____

And what is the type of protection? _____

f. Please give a full description of the construction of your strong room: _____

_____g. Please provide the number of safes and their locations: _____

_____**6. Money location**

Does the insured have locations in isolated areas? _____

If Yes, please advise the location details and no. of locations: _____

7. Safety measures

What safety measures are adopted?

- Whilst the cash is in transit: _____
- Whilst the cash is in safe: _____
- Whilst the cash is out of safe: _____

8. Safety considerations

- a. Are the keys of the safe(s) and strongroom removed from the premises when the premises are closed for business? Yes No
- b. Will the premises be guarded whilst closed for business? Yes No

9. Loss or Damage

Have you ever suffered loss or destruction of or damage to money? Yes No

If so, please give details:

10. Indemnity

Is the indemnity of the insurers the only security to be taken? Yes No

11. Additional risk information

Please give any other information in your possession material to the risk to be insured:

12. Fidelity Guarantee

Are the employees handling/carrying cash covered under a Fidelity Guarantee Insurance?

Yes No

13. Insurance history

a. Are you presently insured for Money Insurance?

Yes No

If Yes, please give full details of the insurer(s) and the cover provided or supply a copy of the existing Insurance Policy:

b. In respect of Money Insurance, has any insurer ever canceled your cover or refused to renew?

Yes No

If Yes, please give full details:

If No, has an increased premium been required or have special conditions been imposed upon renewal?

Yes No

14. Claims history

List the claims experience for the past five years, whether or not any payment has been made by any other insurance company or third party?

Year	Settled Claims		Outstanding Claims	
	No. of Claims	Amount	No. of Claims	Amount

15. Potential claims

Are you aware of any incidents that may result in claims against you?

Yes No

If Yes, please give full details:

Declaration

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.

Name of Proposer: _____

Title: _____

Signature: _____

Stamp: _____

Date: _____

Note: Please note that each page of the proposal form should be signed by the Proposer or its legal representative