



## MONEY INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

**INSURED** : \_\_\_\_\_  
**BUSINESS** : \_\_\_\_\_  
**LOCATION** : \_\_\_\_\_  
**PERIOD OF INSURANCE** : **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**INTEREST/ SUM** : **Estimated Annual Carrying** : \_\_\_\_\_  
(Money likely to be transported annually  
between Premises & Banks) **AED**  
**INSURED** : \_\_\_\_\_  
**Money in Transit** : \_\_\_\_\_  
(Maximum amount likely to be transported at  
any one time) **AED**  
**Money on Premises** : \_\_\_\_\_  
(Max. Amount outside Locked Safe during  
Business Hours) **AED**  
**Money in Safe** : **AED**  
(Maximum amount at any one time)  
**TOTAL** **AED**  
\_\_\_\_\_

**SAFE DETAILS** : \_\_\_\_\_  
**CLAIMS EXPERIENCE** : \_\_\_\_\_  
**ADDITIONAL INFORMATION** : \_\_\_\_\_  
\_\_\_\_\_

I/ We confirm that the details provided above are true and complete to the best of our knowledge.

DATE:

SIGNATURE:

COMPANY STAMP

NAME and MOBILE NO:

DESIGNATION: