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LION INSURANCE COMPANY (S.C.)

☎: 251 - 116 - 187000

Fax: 251 - 116 - 632940

Head office, Comet Building, Haile G/Selassie Street

P.O.Box 26281/1000

Addis Ababa

MONEY INSURANCE PROPOSAL FORM

1. Name of Proposer _____

Business Address: Town _____ K/Ketema _____ Kebele _____ House No. _____

P. O. Box _____ Telephone _____

Trade or Business _____

2. For the purpose of this insurance the term “Money” means Cash and Bank Notes, Currency Notes, Cheques (except crossed Cheques), Postal Orders, Money Orders, Postage and Revenue Stamps.
N.B. If there are any items specified above which the Proposer does not wish to include under the Policy he may delete them. It is emphasized that there will be **NO COVER** under the Policy in respect of the items, which are deleted.

3. COVER REQUIRED

If no cover is required for any particular item(s), insert NIL.

SECTION I-TRANSIT RISKS

a) Transits to the premises

On Money as specified above **DRAWN FROM THE BANK or POST OFFICE** for wages, salaries, petty cash or sundry Payments, from the time of handing over at the Bank or Post Office counters, whilst in transit until arrival at the Proposer’s Premises or other places of disbursement.

b) Transits from the premises

On Money as specified above **IN TRANSIT TO THE BANK OR POST OFFICE**, from the time of leaving the Proposer’s premises until received by the Bank or Post Office.

c) Other Transit (Please specify) _____

Estimated aggregate amount in the year	Liability any one loss

NOTE: The premium under this Section is **PROVISIONAL** and is subject to adjustment on the actual amounts in transit during the period of Insurance. (Crossed cheques need not be declared.)

SECTION II – PREMISES RISKS

On Money whilst in locked safe(s) or strong-room(s)
(please state maximum amount in any one safe or
if more than one, state separate amount for each)

<p>Total liability during any one period of Insurance</p> <p>Birr _____</p>
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Note: SECTION II also covers loss and/or damage to safes or strong room within the Proposer’s premises caused by Burglars, Housebreakers or Thieves.

The Premium under this section is NOT subject to adjustment.

There shall be no cover hereunder in respect of any of the above Section for which there is no figure set forth in the column headed “Liability any one loss” or “Total liability during any one period of insurance.”

4. Give details of Safe(s)

(a) Maker’s name and number _____

(b) Maker’s description, i.e. Fire, Thief resisting etc.

(c) Age _____

(d) Weight and dimensions _____

(e) Whether it is securely fixed the stricture of the building, if so, how? _____

(f) Where are the keys kept when the premises containing the safe are not occupied? _____

5. Has the Proposer been previously insured in respect of Money in Transit or in Safe? If so, with whom and give details?

6. Has any proposal for insurance of Money or Fidelity risks been made?
if so, to whom and with what result?

7. Has your insurance of this nature ever been declined or cancelled or have special conditions been imposed? If so, give full particulars.

8. Have you ever-sustained loss of money while in transit or from premises? If so, give full particulars

9. State period of cover required and date of commencement.

From _____ To _____ (both dates inclusive)

I/We desire to insure with the Company, as set forth above, and I/We warrant that the above statements are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/we agree that this proposal shall be incorporated in and taken as the basis of the contract between me/us and the Company and I/we agree to accept a policy in the Company’s usual form for this class of insurance. I/We agree to render at the end of each period of Insurance a statement in the form required by the company of the amount in transit and to pay premium of the excess (if any) of the estimated figure.

Date _____

Proposer’s Signature _____

Producer _____

Underwriter _____