

Money Insurance - Work Sheet

1. Insured	Name : Address : Business : Period :
2. Interest	1. On money in premise during business hours. Such money to be contained in securely in security locked safe/strong room after business state the amount Insured: US\$----- 2. On money in the custody of the insured's employee during in transit: US\$ ----- Time estimated annual carrying US\$ -----
3. Insured Premises	Address: ----- ----- Door : Front door ----- Rear door ----- Window : Window on ground floor ----- Window on upper floor(s) ----- Security Guard : ----- Persons/shift, ----- shifts/day, ----- day(s)week Burglar alarm : ----- Units, ----- Brand
4. Safe	Type : ----- weight, ----- Kgs Brand : -----
5. In Transit	Where the money be transited? From : -----To ----- How often ----- Amount ----- Form : -----To ----- How often ----- Amount ----- From : -----To ----- How often ----- Amount ----- Who accompanies the transit? 1. Mr./Mrs. ----- Position ----- 2. Mr./Mrs. ----- Position ----- How would the money be carried ? Is it by car? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please state ----- ----- Are there any armed / unarmed guard accompanying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please state the number -----

6. History

Are you presently insured for **Money** Insurance Policy? Yes No

If yes, please state

Has any insurance company declined or refused or cancelled your insurance? Yes No

If yes, please state the reason

7. Claim Experience

During the past 3 years, have you suffered any loss of the money by theft/robberies? Yes No

If yes, please state the reason and amount

For Official Use Only

Excess: Rate:

Terms Condition:

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Remarks:

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..... Account Handler:

Recorded by: Date: / /

Cession to Cambodian Re:

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CUSTOMER DETAILS

Phone: Fax Email:

Contract Person: 1) Tel:

2) Tel:

3) Tel:

Intermediary Name: Account #: