



FIRST ASSURANCE COMPANY LTD

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
Tel: 254-020-567374/577737 Cell: 0722-444117/0733-605480 Fax: 567433/572204 Email: hainfo@firstassurance.co.ke, www.firstassurance.co.ke
- **MOMBASA BRANCH** - First Assurance House, Nyalı Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya
Tel: 254-041-476494/476495, Fax: 254-041-476495 Email: msainfo@firstassurance.co.ke

PROPOSAL FOR MONEY/CASH IN TRANSIT INSURANCE

The Company’s policy insurers against:

- 1) Any loss (except as specified below) of the money insured the insured or for which he is responsible.
 - a) Whilst in transit in the custody of the insured or his authorized representative;
 - b) Whilst contained in any of the insured’s business premises.
 - c) Whilst contained in the private dwelling of the insured or of a principal or employee of the insured.

The company’s liability in respect if money:

- 2) In the insured’s business premises while such premises are open for business and not contained in locked safe or strong room; or
- 3) In the private dwelling of the insured or of a principal or employee if the insured is limited to Kshs.4,000.00

The company shall not be liable in respect of:

1. Loss not discovered within seven working days of the event giving rise to the loss
2. Loss arising from fraud or dishonesty of any person employment of the Insured
3. Loss or shortages due to errors or omission.
4. Loss of money in the custody of collectors or agents that has been in their possession for a period exceeding 24hours from time of receipt.
5. Money in transit by post.
6. Depreciation or fall in value of money.
7. Loss caused directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination or by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

The premium is based partly on the total amount carried during the year, the premium at the beginning of each year being calculated on the estimated figure and adjusted at the end of the year on the actual total amount carried. A record of all money carried, other than crossed cheques, must be kept in order that an annual return may be made to the company for premium calculation purposes.

Rates of premium will be quoted on receipt of a fully completed proposal form.

The general particulars given in this prospectus are subject to the terms of the policies issued by the company.

PROPOSAL FOR MONEY INSURANCE

1. (a) Name and Address of Proposer in full (if a firm, give title and full names of partners)		

(b) Proposer’s Postal Address _____	Postal code _____	
Town/City _____	Country _____	
(c) Proposer’s Business or profession _____		
(d) Premises _____		
(e) Period of insurance required	From _____	To _____



FIRST ASSURANCE COMPANY LTD

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
Tel: 254-020-567374/577737 Cell: 0722-444117/0733-605480 Fax: 567433/572204 Email: hainfo@firstassurance.co.ke, www.firstassurance.co.ke
- **MOMBASA BRANCH** - First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya
Tel: 254-041-476494/476495, Fax: 254-041-476495 Email: msainfo@firstassurance.co.ke

PARTICULARS OF MONEY IN TRANSIT OR IN SAFE

2. N.B.: The term “Money” means cash (Notes and Coins) cheques, Traveler’s Cheques, Postal and Money Orders and current unused stamps (excluding stamp collection) expressed in Kenya currency. Estimated total amount of money other than crossed cheques to be carried in the year _____ Kshs. _____

Maximum amount to be carried on any one occasion or to be kept on the premises when open for business Kshs _____

Maximum amount to be kept in locked safe or strong room at any time whilst in the premises are closed for business _____ Kshs. _____

3. (a) Name and Address of Bank or Bank’s to and from which money is to be carried _____

(b) Address of your premises to and from which money is to be carried _____

(c) What is the approximate distance between the Bank and your premises to and from which money is to be carried? _____

(d) (i) Describe any other transit journeys involving carriage of money _____

(ii) Do you require to insure against loss occurring during which transits? If so, state estimated highest amount carried on any one occasion and _____

(iii) Estimated total amount to be carried in the year _____

(e) Between what hours is money in transit? _____

(f) Between what hours are your premises open for business? _____

4. (a) How many Employees go together to convey the money? _____

(b) What method of conveyance is used? _____

(c) Describe any special precautions which are taken _____

4. Have you in force a fidelity Guarantee policy covering the Employees conveying the money? _____

If so, give name of insurer _____

6. If you require cover for cash contained in a locked safe or strong room, please state:

(a) To what extent the premises will be left unoccupied _____

(b) Make of safe or strong room _____

(c) Type _____

(d) Size and weight _____

(e) How is the safe secured and/or anchored? _____

(f) How many keys are issued for the safe and who keeps them? _____

8. Have you ever sustained a loss of the kind now proposed? _____

If so, give particulars _____

9. Has any company or underwriter in respect of any risk to which this proposal applies:

(a) Declined to insure you? _____

(b) Required special terms to insure you? _____

(c) Cancelled or refused to renew your license? _____

(d) Increased your premium on renewal? _____

If so, give particulars _____

I/We desire to insure with First Assurance Company Limited in the terms of their policy used for this class of insurance. I/We hereby declare and warrant that the above statements and any supplementary particulars, which are or may be supplied in connection with this insurance are true and complete and that nothing materially affecting the risk has been concealed. I/We agree that the above proposal and this warranty shall be the basis of the contract between the Company and myself/ourselves.

Date: _____ Signature: _____

(NO INSURANCE IS IN FORCE UNTIL THE COMPANY NOTIFIES ITS ACCEPTANCE OF THE PROPOSAL)