

23. Frequency of Transit in a day (no. of times / trips)

24. Has any company in respect of Money Insurance

a) Declined your proposal?

b) Accepted your proposal on special terms & conditions?

c) Cancelled or refused to renew your policy?

25. Has the risk been previously Insured? If so,

a) Name of the Insurance Company

b) Policy No

c) Period From / / To / /

d) Rate charged

e) Any special terms and conditions imposed

26. Is this risk insured with any other Company? If so, details?

27. Any other material particulars

28. Premium / Claim details for the past 36 months excluding the expiring policy period

Year	Premium in Rs	Claim in Rs
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

29. **Additional Covers Required**

SN	Additional covers	YES / NO	Sum Insured / Limit
1	Loss or damage to safes, strong rooms & money receptable (including damage to property and landlords fixtures & fittings) (Maximum 25% of the money in safe sum insured subject to maximum of Rs 10,00,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Replacement / Repair of keys and locks, recoding of locking devices (Maximum 10% of the claim amount subject to maximum of Rs 1,00,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Automatic Reinstatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Money Insurance – Proposal Form

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0037V01201213

4	Director's, Partners, Employees Effects (Maximum 10% of the claim amount subject to maximum of Rs 5,00,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Assault on the person carrying / handling cash (Maximum Limit subject to the amount stated in the Schedule in respect of this Cover, whichever is less: Per person per event: (a) Death: Capital payment of Rs 5 lacs (b) Permanent Total Disablement Rs 2.5 lacs Policy Limit for any one event: (a) Death: Capital payment of Rs 25 lacs (b) Permanent Total Disablement Rs 10 lacs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Temporary Safe Rentals (Maximum 10% of the claim amount subject to maximum of Rs 1,00,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Business / Working hours extended	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Infidelity of Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PAYMENT DETAILS

1. PAN card number (10 character number):
2. Sources of funds: Please tick appropriate box
- Salary Business Investments Others (please specify)

Declaration:

- I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- I understand that the Company has the right to call for documents to establish sources of funds.
- The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein and I/ We hereby agree that this declaration shall form the basis of the contract between me/ us and the "Liberty General Insurance Limited"

Money Insurance – Proposal Form

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0037V01201213

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same will be conveyed by me to the insurers immediately.

Date:

Place:

Signature of Proposer

Recommendations of Officer/ Agent / Broker

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

INSURANCE IS A SUBJECT MATTER OF SOLICITATION

Money Insurance – Proposal Form

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0037V01201213