

# Money Insurance Proposal

Applicant Details		
Business name		Nature of the business
Mailing address (including Postcode)		
Business phone number	Cell phone number	Email address
Location(s) of property to be insured		
Insurance start date (MM/DD/YYYY)		

## General Questions

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has any insurer in respect of the risks to be covered by this insurance ever declined your Proposal, refused to renew you policy or imposed special terms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever sustained a loss in respect of any risk to be covered by this insurance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the building fitted with an intruder alarm?   | <input type="checkbox"/> | <input type="checkbox"/> |

*If you have answered "Yes" to any of the above questions, please provide relevant details and information in the space below.*

4. Give details of the construction of the premises in which the money will be kept.

Roof  Walls

5. Provide details of the safe or vault in which the money is kept.

Make  Year of Manufacture   
 Size  Weight

6. Is the safe fixed to the structure of the building?
7. How often are trips to the Bank with money made?
8. State the normal method of transmission



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## Sums insured

State the sums to be insured.

Sum Insured

- |  |   |
|--|---|
| <p>1. Out of Business Hours</p> <p>(a) On the premises not in the locked safe or vault or at the private dwelling of an authorized employee.</p> <p>(b) On the premises in the locked safe or vault.</p> | <p>\$ <input type="text"/></p> <p>\$ <input type="text"/></p> |
| <p>2. During business hours on the premises or in transit or in a bank night safe until officially removed by a bank official.</p>   | <p>\$ <input type="text"/></p>                                |
| <p>3. Loss or damage to the safe or vault.</p>   | <p>\$ <input type="text"/></p>                                |

## Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here.

**Please give details below.**

**THE COMPANY RESERVES THE RIGHT TO DECLINE ANY PROPOSAL OR TO IMPOSE SPECIAL TERMS.**

I DECLARE that, to the best of my knowledge and belief, the information provided in this application, which I have read over and checked, is true and complete.

I AGREE and ACKNOWLEDGE that this application forms the basis of the contract between me and the Company. I have withheld no information material to the Application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

- I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.
- I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Proposer

Signature of Underwriter

Date (MM/DD/YYYY)

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