

SIC INSURANCE COMPANY LIMITED

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PROPOSAL FOR OVERSEAS CASH IN TRANSIT

POLICY NO	DATING FROM	ТО	FIRST PREMIUM RATE	GHC
CANCELLING NO		ANNUAL PREMIUM		GHC
NAME OF PROPOSER				
ADDRESS				
OCCUPATION				

1. Please complete the following schedule

	Estimated amount in transit annually	Higher amount likely to be in transit at any one time	Number of employees in charge of cash on each journey
Cash drawn from bank			
For payment of wages			
Cash drawn from bank			
For purposes other than the payment of wages. Cash for payment into bank			

2. Name and Address of Bank

Give a short description of the risk to be insured. (If there is any Transit to works, branches, or to outside, contracts to be included In this insurance, give particulars and describe routine followed)

If any cash is to be retained in the safe overnight, safe probable Maximum amount and give particulars of the safe or safes (dimensions and maker's name, age, cost and whether marked 'Thief resisting').....

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4.

Is the duty of carrying the cash delegated regularly to any particular employees? How many persons are so employed? Are they males and over 18years of age? Is the integrity of the employees in charge of the cash whilst In transit covered by a fidelity guarantee policy?

How long have the employees been in your employment?

5.	tł	In what day or days of the week is the Cash drawn from ne Bank? If not paid away on the same day or days give articulars
6.	Have y	rou ever suffered any loss of cash in transit, by
	theft c	or any other mishap? Give particulars
7.	(a)	Have you ever proposed for a similar insurance?
	(b)	If so, with what company or underwriter, and with
		What result?
	(c)	Has your insurance ever been declined or terminated
		Or premium increased?
8.	Is this	indemnity the only security to be taken?
9.		ny other information in your possession material to timate of the risk to be insured
		DECLARATION
Insurar concea of insu premiu propos	nce Com led anyt rance a im on th al and d	being desirous of effecting an insurance with SIC pany do, hereby declare that the above statements are true and complete, and that I/We have not hing material to be known to the Company, and I/We hereby agree to render at the end of each period statement in the form required by the Company of all Cash, notes and cheques carried, and to pay e cash, notes and cheques carried in excess of the amount estimated above. And I/We agree that this eclaration shall be the basis of the contract between me/us and SIC Insurance Company Limited and will accept a policy subject to the provisions prescribed by the company and expressed in the policy.
		AGENTS DECLARATION
Date		
		my knowledge and belief, the proposer is of good reputation and the questions in the proposal have and truthfully answered.
Signatu	ire of Ag	ent No

Liability does not commence until this proposal has been accepted by the company and the Premium paid.