

M & C General Insurance Co. Ltd.

9-11 Bridge Street, P.O. Box 99, Castries,
St. Lucia, West Indies

Insurance of Money Proposal

COVER PROVIDED

Loss of Money (as defined below) belonging to you or for which you are responsible and used for the purposes of the Business by whatever cause including fraud or dishonesty of your messengers or employees acting as messengers (subject to the Exceptions mentioned below).

The Money is covered (subject to the limits in the Schedule) while

- (a) in transit
- (b) on the Premises
- (c) at the private residences of your Directors or Partners or of any authorised employees
- (d) in the personal custody of your Collectors for 24 hours from the time of receipt or until the next working day
- (e) on your Contract Sites during Business Hours
- (f) in the Night Safe at a Bank.

Loss of or damage to safes or strongrooms caused by theft or any attempt thereat is also covered (subject to the limit in the Schedule).

EXCEPTIONS

The Policy does NOT cover:-

- | | |
|---|--|
| (1) radioactivity risks | (4) shortages due to, error or omission |
| (2) war risks | (5) any loss due to depreciation in value |
| (3) any loss arising from fraud or dishonesty of your employees other than messengers or employees acting as messengers | (6) sonic bangs |
| | (7) the contents of gaming amusement or change giving machines |

TERRITORIAL LIMITS: ST. LUCIA

DEFINITIONS

MONEY: Current coin bank and currency notes, uncrossed cheques, postal orders, money orders, unused postage stamps and meal vouchers purchased from third parties.

BUSINESS HOURS: The normal working hours of the Business including overtime during which you or your employee who is entrusted with the Money are/is:-

- | | |
|---|--|
| (a) for premises occupied solely for the purposes of the Business | (a) on the premises |
| (b) for premises occupied for the purposes of the Business with a private dwelling communicating for contract sites | (b) in that portion of the premises used solely for the purposes of the Business |
| (c) for contract sites | (c) on the contract site. |

PREMISES: That portion of your building used solely for the purposes of the Business.

TRANSIT: A journey made by you or your employee for the sole purpose of carrying the Money and which journey is not interrupted by any circumstances within your control or within your employee's control.

Cover is granted on the express understanding and condition that:-

- (a) you will keep a complete record of the Money in transit and on any Premises at which Money is covered and
- (b) you will deposit such record in some place other than in any safe or strongroom containing the Money and
- (c) in the case of unoccupied Premises you will not after Business Hours leave the keys of the safe or strongroom on the Premises and
- (d) in the case of occupied Premises you will not after Business Hours leave the keys of the safe or strongroom in or about that particular portion of the Premises in which the safe or strongroom is kept or situated.

PERSONAL ASSAULT EXTENSION

For an additional premium you can have the Policy extended to include benefits for death or disablement of your employees and for loss of or damage to their clothing and personal effects caused by assault or attack while such employees are entrusted with the Money.

BENEFIT

- | | |
|--|---|
| (a) Death or loss of one or more limbs or eyes | (a) \$10,000 |
| (b) Temporary total disablement | (b) Normal weekly earnings not exceeding \$100 per week for a period not exceeding 100 weeks. |
| (c) Loss of or damage to clothing and personal effects | (c) The amount of such loss or damage not exceeding \$500. |

This extension applies to employees between 16 and 75 years of age.

This Insurance is subject to the more precise terms of the Policy, a specimen of which can be obtained on application.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE USE BLOCK CAPITALS

1. (a) Name of Proposer (in full)

(b) Address _____

_____ Telephone No: _____

(c) The Business (describe fully) _____

THE PREMISES (Addresses of business premises in which Money is to be insured) (d) (i) _____ (ii) _____ (iii) _____ (iv) _____ (v) _____ (vi) _____

PERIOD OF INSURANCE (e) (i) (12 months) from _____ to _____ both dates inclusive. (ii) any subsequent annual period for which you shall pay and we shall agree to accept a renewal premium.

2. Do you have any other policies in force with us? YES ___ NO ___

If 'YES', please give details _____

3. Have you ever suffered any loss (whether insured or not) of the kind to be insured at these premises or elsewhere or while Money was in transit? YES ___ NO ___

If 'YES', please state:

(a) Date of Loss _____ (b) Amount _____

(c) Nature of Loss or Damage _____

4. Has any Insurer in respect of the risk for which you now propose ever (a) Declined your proposal? YES ___ NO ___ (b) Cancelled or refused to renew your policy? YES ___ NO ___ (c) Imposed any special terms or premium? YES ___ NO ___

If 'YES' to any of the questions, please give details _____

5. (a) Did you make a gain during your last trading year? YES ___ NO ___ (b) Do you anticipate being able to pay all of the charges, debts or liabilities against you? YES ___ NO ___

If 'NO', please state fully _____

6. (a) Do you keep a record of sales? YES ___ NO ___ (b) Are your books audited by professional accountants? YES ___ NO ___

7. Have you ever insured Money for any of the risks proposed? YES ___ NO ___ If 'YES', please state names of all previous Insurers

8. (a) Are all of the proposed premises of brick, stone or concrete construction roofed with concrete metal or other hard roof material? YES ___ NO ___ If 'NO', please give details _____

(b) Are there any unprotected external openings? YES ___ NO ___ If 'YES', give details _____

9. Is Money retained in a safe Outside Business Hours? YES ___ NO ___ If 'YES', state:

(a) Address of premises where safe is located _____

(b) Cost of safe and date of purchase _____

(c) Is it opened by combination or keys? _____

(d) How many persons know the combination or have keys? _____

Kindly provide details of the safe by completing (C) on the last page of this form.

10. (a) State the approximate distance of the Bank from the Premises and how the journey is made (i.e. by vehicle or on foot etc.) _____
- (b) Is Money accompanied by personnel from a security firm or by your own personnel? _____
If by your own personnel state how many persons. _____
- (c) Is Money in the hands of collectors, salesmen and the like? YES ___ NO ___
If 'YES', how many? _____
- (d) How often is Money in transit to or from the Bank? _____
- (e) Is Money conveyed to or from places other than the Bank? YES ___ NO ___
If 'YES', give details of the journey _____
11. Are security measures employed to protect the Money against the risks proposed for Insurance? YES ___ NO ___
If 'YES', please give details overleaf. _____

ESTIMATED ANNUAL AMOUNT OF:

TOTAL

- (a) Cash Notes and Uncrossed Cheques; (excluding Cheques for drawing Cash) paid in to Bank, and)
- (b) Cash and Notes drawn from Bank, and) \$
- (c) Payments to Post Office for purchase of Postal and Money Orders and Postage Stamps, and to Third Parties for purchase of Meal Vouchers.)

MANNER AND EXTENT OF COVER PROVIDED

LIMITS OF LIABILITY FOR ANY ONE CLAIM

- (A) Loss from any cause whatsoever of: -
1. Money while
- (a) in transit to and/or from the Bank the Premises your Contract Sites and any other premises at which you conduct business \$
- AND IN RESPECT ONLY OF WAGES AND SALARIES**
- (i) while on the Premises until disbursed (subject to any undisbursed Wages and Salaries being kept in a locked safe or strongroom)
- (ii) while on any of your Contract Sites During Business Hours
- AND IN RESPECT ONLY OF DEPOSITS IN THE NIGHT SAFE AT THE BANK**
- (iii) while in the Night Safe
- (b) on the Premises (additional to undisbursed Wages and Salaries insured under
- (a) (i) above \$
- (i) During Business Hours \$
- (ii) Outside Business Hours contained in a locked safe or strongroom \$ 1,000.00
- (iii) Outside Business Hours NOT contained in a locked safe or strongroom
- (c) at the private residences of your directors or partners or authorised employees and while in transit thereto or therefrom \$ 1,000.00
- (d) in the personal custody of your Collectors until deposited at the Premises or paid in to the Bank \$
- (i) on the day of receipt _____ \$
- (ii) on the next working day _____ \$ 1,000.00
2. Cost of replacement or repair of safe or strongroom lost or damaged by Theft or any attempt thereat _____ \$
- (B) Injury by assault or attack to any of your employees entrusted with the Money (please state how many employees are to be covered)

(A) BURGLAR/ALARM: Is it maintained under Contract? YES ___ NO ___
 Make _____ Installers _____
 Type _____ Age _____

(B) GRILLEWORK: Gauge of Metal used?
 Are Grills or other similar protections securely fitted into the walls to protect all window, louvre and external door openings? YES ___ NO ___

Please state the construction of the external doors not protected by grillework.

	Front	Rear	Side
WOOD			
GLASS			
METAL			
	Solid /hollow/expanding	Solid/hollow/expanding	Solid/hollow/expanding

(C) SAFE(S): Is it marked burglar proof and/or fire resistant? YES ___ NO ___
 Make _____ Age _____
 Model _____ Weight _____

How is the safe secured? e.g. Is it fixed into the floor or positioned near a corner and bolted to the wall?

(D) OTHER

(1) Security Guard	(2) Guard Dogs	(3) Watchman
(a) How many _____	(a) How many _____	(a) How many _____
(b) Armed with pistol _____ or unarmed _____	(b) Name of firm _____	(b) Hours of duty _____
(c) Name of firm _____	(c) Hours of duty _____	(c) Age _____
(d) Hours of duty _____	(d) What areas patrolled _____	(d) Is he able-bodied _____
(a) What areas patrolled _____	(a) With or without handier _____	(q) What areas patrolled _____

DECLARATION

I/We wish to effect an Insurance with M & C General Insurance Company Ltd. in terms of the Policy to be issued by the Company. I/We hereby declare that to the best to my/our knowledge and belief, the statements and particulars given by me/us in this proposal are true and complete and no material fact, that is those facts which the Company would regard as likely to influence the acceptance and assessment of this proposal, has been misrepresented, mis-stated, suppressed or withheld. I /We agree that this proposal shall form the basis of the contract between me/us and M & C General Insurance Company Limited.

DATE _____ PROPOSER'S SIGNATURE _____

FOR OFFICE USE ONLY

Estimated Annual Transits	\$	@	\$
During Business Hours on Premises	\$	@	\$
Outside Business Hours on Premises	\$	@	\$
Damage to Safe/Strongroom	\$	@	\$
Personal Accident Extension	Persons	@	\$
Other	\$	@	\$
Other	\$	@	\$

OPERATIVE ENDORSEMENTS: