



Prospectus & Proposal Form for Money Insurance

Definition: The term Money shall mean: Cash, Bank and Currency Notes, Cash Cheques, Money orders, Postal orders, Current unused Postage Stamps, National Hospital Insurance Fund Stamps, Local Authority Stamps, all belonging to the insured.

The Company's policy insures against.

1. Any loss (except as specified below) of the Money insured, the Property of the Insured or for which he is responsible.
 - (a) Whilst in Transit, in the custody of the Insured or his authorized representatives or appoint security courier;
 - (b) Whilst contained in any of the insured's business premises after business hours;
 - (c) Whilst contained in any of the insured's business premises during business hours (hold up risk only);
 - (d) Loss or damage to specified safe(s) strong rooms as a result of money being stolen or an attempt threat.

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 in the employment of the insured.
3. Loss or shortages due to errors or omissions.
4. Loss of money in the custody of collectors or agents which has been in their possession for a period exceeding 24 hours from time of receipt.
5. Money in transit by post
6. Depreciation or fall in value of money.
7. Loss caused directly or indirectly by or contributed to by or arising from Ionisation or contamination by Radioactivity from any Nuclear Fuel or from any Nuclear Waste from the combustion of Nuclear Fuel.

A record of all money carried, other than crossed cheques should be kept and an annual return should be made to the Company giving the total of all money carried during the Period of Insurance.

Rate of premium will be quoted on receipt of a fully completed Proposal Form.

The general particulars given in the prospectus are subject to the Terms and Conditions of the Policies issued by the Company.

Britam Insurance
Company (Uganda)
Limited.

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Yusuf Lule Road

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Kampla, Uganda.

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+2564177702610

E-mail:
britam@britam.co.ug

Website: www.british_american.co.ke

Note: In the event of large amounts of Money being transported, Company may require the Insured to obtain the services of a reputable courier firm to transport the Money.

1. Particulars of Proposer

(1) Name of Proposer (in full) _____

Postal Address (ii) P. O. Box _____ Code _____ Town _____

(iii) Tel: _____ (iv) Cell phone _____

(v) E-mail _____

(iv) Profession or Occupation _____
(Nature of Business)

(v) Period of insurance

	Day	Month	Year
From	_____	_____	_____
To	_____	_____	_____

(v) Tax Identification Number (TIN) _____

2. Particulars of Insurance

(i) Have you ever been insured for this type of cover before?, Yes No

If yes please give name of insurers _____

(ii) Are you currently insured for the type of cover proposed? Yes No

If yes please give the name of Insurers _____

(iii) Has any office of Insurance Company or underwriter ever

(a) Cancelled your policy? Yes No

(b) Declined to insure you? Yes No

(c) Refused to renew your policy? Yes No

(d) Imposed any special terms? Yes No

(e) Repudiated any claim? Yes No

If the answer to any of the above questions is yes, please give details

3. Claims experience

(i) Have you ever suffered a loss in connection with the type of insurance now proposed?

If Yes, give details of last loss as under:

(a) Date of loss

(b) Amount of loss

(c) Cause of loss

Name of the Insurance Company with which the claim was made

(d) If you have suffered more than one loss in the last 5 years give brief particulars of each loss

4. The Premises.

(i) State Nature of premises where the business is carried out _____

i.e. Warehouse godown shop offices factories or others _____

(ii) Situation of premises.

(a) Name of building _____

(b) Plot Number _____

(c) Street/Road _____

(d) City/Town _____

(e) District _____

5. Security

(i) Will the premises be guarded whilst they are closed for business Yes No

If yes, give name and address of the security company _____

Postal address P. O. Box _____ Town _____

Telephone _____

(ii) Are the premises fitted with alarm system? Yes No

If so give name and address of the security company providing back up service.

Postal address P. O. Box _____ Town _____

Telephone _____

6. Safe

(i) Do you require cover for cash contained in a locked safe or strong room? Yes No

If yes, please state:-

(a) Make of Safe or Strong Room _____

(b) Type _____

(c) Size _____

- (d) Weight _____
- (e) Where will it be kept? _____
- (f) How is the safe secured and/or anchored? _____
- (g) Is it marked "burglar resistant" _____
- (h) How many keys are issued for the safe and who keeps them? _____

7. Transit Cover

- (i) Do you require cover for Money in Transit? Yes No
- (ii) If yes, give name and location of bank or banks to and from which money is to be carried.

- (iii) What is the approximate distance between the bank and your premises to and from which money is carried?

- (iv) Describe any other transit journeys involving the carriage of money. _____
- (v) Do you require to insure against loss occurring during such transits? Yes No
- (vi) Between what hours is the money in transit? _____
- (vii) How many employees go together to convey the money? _____
- (viii) Do you have a fidelity guarantee policy covering these employees? Yes No
- (ix) If yes, give details of the amount guaranteed. _____
- (x) What is the normal occupation of these employees? _____
- (xi) What method of conveyance is used? _____
- (xii) Are professional carriers used at any time? _____
- (xiii) If so, have you entered into contract with the firm?
(attach copy of agreement if possible). _____
- (xiv) Does the agreement provide for compensation in the event of a loss? Yes No
- (xv) If so state the amount of compensation provided for. _____
- (xvi) Describe any special precautions taken to safe guard the money. _____

8. Limits of Cover Required

- (a) Premises
 - (i) Money in locked safe or strong room during or after business hours. Yes No
 - (ii) Money in cash counter or drawers during business hours _____
 - (iii) Value of safe or strong stated above if cover required. _____
- (b) Transit
 - (i) Money in custody of insured or authorized employee to and from Bank _____
 - (ii) Other transit (Please specify) _____
 - (iii) Unused Local Authority, N.S.S.F. and N.H.I.F. Stamps. _____

(c) State estimated annual amount of money in transit per year. _____

Declaration.

I/We hereby declare that the above answers are true and that I/We have withheld no information whatever regarding the proposal. I/We agree that this declaration and the answers above given shall be the basis of the contract between Me/Us and Britam Insurance Company (Uganda) Limited and I/We further agree to accept a policy subject to the conditions on the policy. I/We further agree that if this proposal in any particular is filled by any other person, such person shall be deemed My/Our agent and not the agent of the Company. I/We further declare that I/We have read and understood all particulars entered herein and I/We have signed this after verifying the same to be true and complete in all respects.

Proposer's Signature _____

Date _____

Stamp & Signature of Agent/Broker _____

Date _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID