

MONEY INSURANCE PROPOSAL FORM

Please write your answers in BLOCK CAPITALS

Name of Proposer :

Address : Telephone: Fax:

Mobile No : Email:

Business :

The Premises :
(if different from above)

Transit Risk

1.	State estimated amount of money (other than crossed cheques, crossed money orders and crossed postal orders) carried annually to and from bank and / or elsewhere.	RO.
2.	Limit required for any single loss of money in transit	RO.
3.	a) How far is the bank from the premises? b) How is the journey made (e.g. By car, on foot etc)? c) How many adult males accompany the amount in transit? (Also state their designation) d) Is the route and time of transits varied? e) How often is money banked / withdrawn?	a) b) c) d) e)

Premises Risk

4.	Are the Premises occupied at night? If YES, By whom?	YES/NO																																																
5.	Money to be insured in safe during and out of business hours.	RO.																																																
6.	Please give details of safes and strong rooms & limit required per safe (Total of the below should match the figure in Item No.5)																																																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Make & Model</th> <th style="width: 10%;">Date of Purchase</th> <th style="width: 10%;">Replacement Cost</th> <th style="width: 10%;">External Dimension and Weight</th> <th style="width: 10%;">Is safe anchored? If so how?</th> <th style="width: 10%;">No. of Keys</th> <th style="width: 10%;">By whom held</th> <th style="width: 10%; text-align: center;">Limit Required</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;">RO.</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;">RO.</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;">RO.</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;">RO.</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;">RO.</td></tr> </tbody> </table>	Make & Model	Date of Purchase	Replacement Cost	External Dimension and Weight	Is safe anchored? If so how?	No. of Keys	By whom held	Limit Required								RO.								RO.								RO.								RO.								RO.	
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6.	Is cover required for money held in a locked drawer or cabinet in the premises? If YES, since Amount of Takaful cover required. The cover should represent the maximum amount held in any one drawer or cabinet.	YES/NO RO.																																																
7.	Are the keys of all safes/strong rooms and drawers/cabinets removed from the premises out of business hours? If NO, give details.	YES/NO																																																
8.	Do you have a Fidelity Guarantee Insurance policy covering the employees entrusted with money? If YES, give name of Insurer:	YES/NO																																																

Claims/Insurance History

10.	Give particulars of all losses sustained by you in respect of this class of insurance in the last three complete years.	
11.	Has any company ever declined your insurance, cancelled or refused to renew your insurance? If YES, give details.	YES/NO

Cover Commencement Date

12..	State date cover is to commence	
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DECLARATION

I/ we hereby declare that I am/we are familiar with the regulations of Takaful business written by Al Madina Insurance Co. S.A.O.G., and I/we agree to deal with the company accordingly. Also I/we authorize the company to manage and invest the contribution(s) in the manner deemed necessary under these regulations.

I/ We do understand and agree that the information disclosed in this proposal will form the basis of Takaful contract.

I/We also declare that the information and details mentioned in this proposal are correct to the best of my/our knowledge and if proven otherwise in any respect, the Takaful contract will become null and void without any notice.

I/We agree to the terms, conditions including all exclusions of Takaful Contract which I/we have read carefully

Date: _____

Signature of Proposer: _____

Company Seal:

The Takaful contract will not be in force until the proposal has been accepted by the company. This Takaful Contract is governed by the insurance regulations of Sultanate of Oman as an insurance contract and operates under the Takaful regulations of this Company.