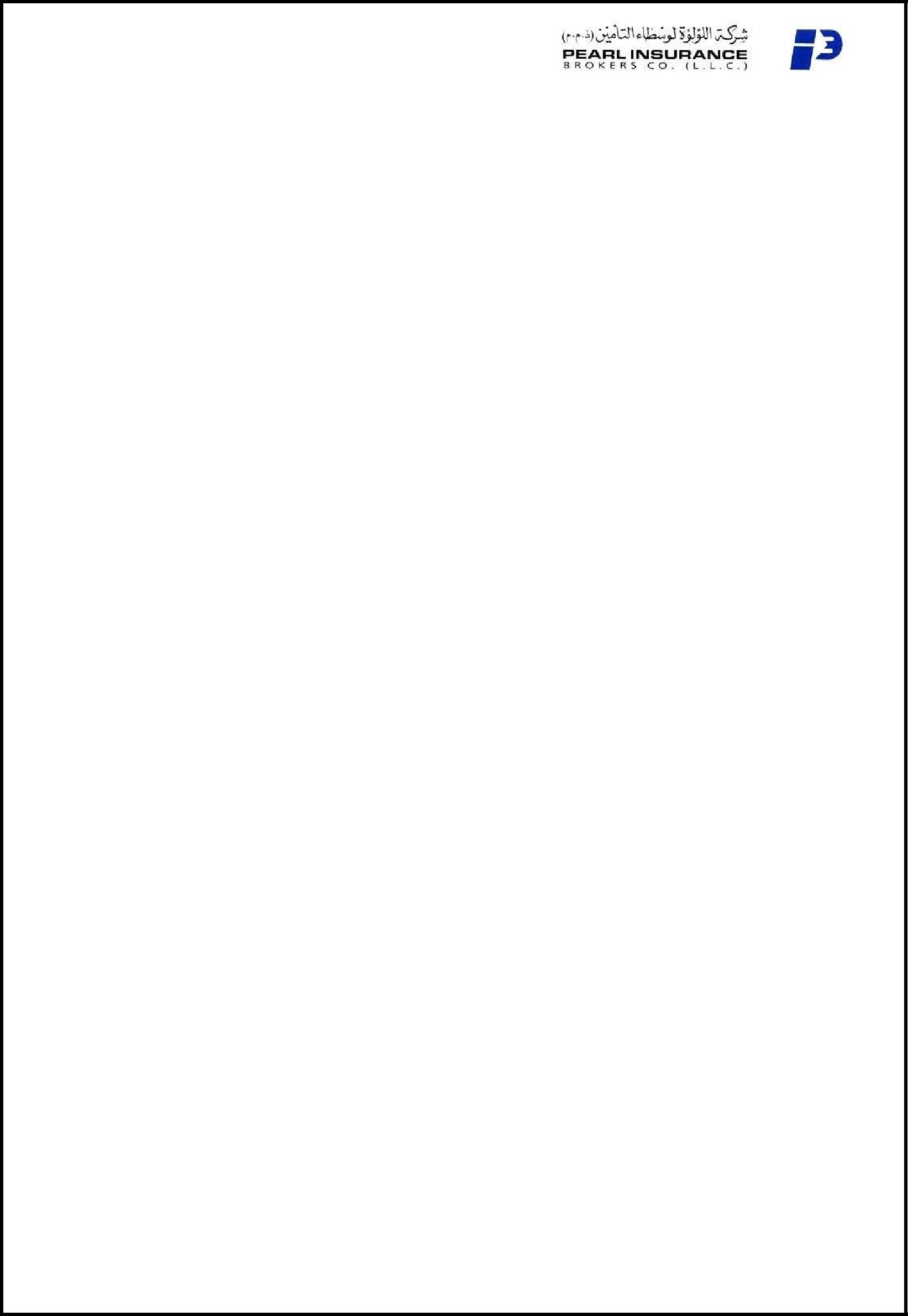


**QUESTIONNAIRE FOR MONEY INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Insured** | **:** |  |  |
| **Address** | **:** |  |  |
|  |  | **Telephone Number** | **:** |
|  |  | **Fax Number** | **:** |
| **Contact Person** | **:** | **Name:** |  |
|  |  | **Designation:** |  |
|  |  | **Mobile Number:** |  |
|  |  | **Email id:** |  |
| **Nature of Business** | **:** |  |  |
| **Location Type** | **:** | O **Office** |  |
|  |  | O **Residential (Flat / Villa)** | |
|  |  | O **Shop** |  |
|  |  | O **Warehouse** |  |
|  |  | O **Factory** |  |
|  |  | O **Tower with multiple occupancy** | |
|  |  | O **Others (Please specify)** | |
| **Period of insurance** | **:** |  |  |



|  |  |  |
| --- | --- | --- |
| **Sum Insured** | **:** | (Currency in \_\_\_\_\_\_\_\_\_\_\_) |
|  |  |  |
|  | **Description** | **Amount** |

Cash in Transit – Limit any one movement

Estimated Annual Carrying

Cash in Safe / Premises

Cash in Drawers (out of safe) during office hrs

Cash in Drawers (out of safe) out of office hrs

|  |  |
| --- | --- |
| **Details of safe** | **:** |
|  |  |
| Model / Serial No. |  |
|  |  |
| Make |  |
|  |  |
| Year of Manufacture |  |
|  |  |
| Size |  |
|  |  |
| Weight |  |
|  |  |
| **Territory** | **:** |
| **Jurisdiction** | **:** |

**Claims experience (for 3 years):**

**Extension** **:**

O **Loss / damage to personal effects / apparel of** **cash carrying / accompanying employee/s**