



**DONWELL**  
 INSURANCE COMPANY LIMITED  
 "If it must be done, it must be Donewell"

PROPOSAL No.....

**PROPOSAL FOR CASH-I N –TRANSIT**

RATE .....

POLICY No. ....	DATE: from .....	FIRST PREMIUM -- GH¢ :
CANCELLING No. ....	To .....	ANNUAL PREMIUM -- GH¢ :
NAME OF PROPOSER .....		
ADDRESS .....		
OCCUPATION .....		

1. Please complete the following Schedule:-

	Estimated Amount in Transit Annually	Highest Amount likely to be in Transit at any one time	Number of Employees in Charge of Cash on each journey
(a) Cash drawn from Bank for the Payment of Wages			
(b) Cash drawn from Bank for purposes other than the Payment of Wages			
(c) Cash for Payment into Bank			

2. Name and Address of Bank

3. Give a short description of the risk to be insured. (if there is any Transit to Work, 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, state probable maximum amount and give particulars of the safe or safes (dimensions and Maker's name, age, cost and whether marked "Thief Resisting") .....

4. Is the duty of carrying the cash delegated regularly to any particular employee or employer? .....  
 How many persons are so employed? .....  
 Are they Males and over 18 years 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?.....

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5. On what day or days of the week is the Cash drawn from the Bank ? If not paid away on the same day or days, give particulars .....

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6. Have you ever suffered any loss of Cash in Transit, by theft or any other mishap? Give particulars .....

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7. (a) Have you ever proposed for a similar Insurance ? ..... (a) .....

(b) If so, with what Company or Underwriter, and with what results (b) .....

(c) Has your Insurance ever been declined or terminated, or Premium increased? ..... (c) .....

