Sun insurance
Company Limited

MONEY PROPOSAL

AGENT NO

POLICY NO

INSURED ..... PHONE .....

POSTAL ADDRESS .....

SITUATION OF THE PREMISES TO BE INSURED:

1 .....

2 .....

PERIOD OF INSURANCE FROM / / TO / / AT 4 p.m.

BUSINESS OF THE INSURED

MONEY	LIMIT ANY ONE LOSS
(a) In transit to and from Your business premises and in Your banks night safe	$
(b) At Your premises during normal business hours	$
(c) Contained in a securely locked safe at your business premises outside business hours	
(d) At any of Your sites of contract during normal business hours	
(e) At Your home or the home of Your employees	$500
(f) At Your premises outside of business hours when not in a securely locked safe	$500

GIVE THE FOLLOWING PARTICULARS -

(a) Estimated annual turnover? .....

(b) Are all moneys banked daily? .....

(c) How long have You occupied these premises? .....

(d) Have burglars entered or attempted to enter Your premises? .....

(e) Are the premises occupied at night? .....

(f) Are all windows barred or protected by security grilles? .....

(g) Do the premises have a burglar alarm system installed? .....

GIVE PARTICULARS OF SAFE

(a) Brand name of safe? .....

(b) Size of safe? .....

(c) Is it securely fixed in place? .....

(d) Is it locked by key or combination lock? .....

	COMPANY	STAMP DUTY	TOTAL PREMIUM
PREMIUMS	$	$	$

DECLARATION

I/We declare and warrant that

(1) No information has been withheld which is likely to affect the acceptance of this insurance.
(2) I/We have not suffered loss of or damage to property anywhere within the last five (5) years.
(3) No insurance company has ever declined to insure me/us refused renewal, or cancelled any Policy
(4) The sums insured represent the value I/We wish to insure for and I/we understand and acknowledge that Sun Insurance representative is not qualified to effect valuations but I/we accept the sums insured for the purpose of this insurance.

EXCEPTIONS TO THIS DECLARATION

I/We agreed and accept the terms conditions of this insurance and acknowledge that this Proposal shall be the basis of this contact of insurance.

Insured's Signature ..... Date .....

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