



太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

總行
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MONEY-IN-TRANSIT INSURANCE PROPOSAL FORM

Name of Proposer _____

Address _____

Business _____

Premises or situation to and/or from which money is in transit _____

Name and Address of Bankers _____

Policy to date from _____ to _____

1. Please state estimated annual carryings
(N.B. — The premium will be calculated on this amount and adjusted at the end of the insurance period on the basis of actual carryings.)

2. What is the highest sum carried at any one time?
(N.B. — These amounts will be the limits of liability for any one claim.)

3. (a) How often are journeys with cash made?

(b) Will all carrying be made during the hours of daylight?

(c) Please describe the journey or transit to be insured and state approximate distance and whether made on foot or by private or public conveyance.

(d) How many employees will be engaged in carrying money?

(e) Will such employees be armed or accompanied by an armed guard?

(f) Please give details of any special safety precautions taken.

4. If cash is kept in locked safe or strong-room overnight please state: -

(a) Amount of cover required in respect of:-
(1) Wages and salaries not paid out on the same day as drawn from the Bank

(2) Cash other than that drawn for payment of wages and salaries.

Name of Proposer _____

(b) Name of Maker of Safe or strong-room.	_____
(c) Whether marked Thief Resisting and approximate cost.	_____
(d) Number of keys and by whom held.	_____
Are any of the Employees engaged in carrying cash covered under a Fidelity Guarantee Policy.	_____
In respect of the risks you now desire to insure against have you ever submitted a loss? If so please give details.	_____
5. (a) Have you ever submitted a Proposal in respect of the risk you now desire to insure against.	_____
6. (b) Are you insured? If so please give particulars.	_____
7. In respect of the risks to which this proposal applies has any Insurer.	
(a) Declined your Proposal.	_____
(b) Cancelled or refused to renew your Policy.	_____
8. (c) Required an increased Premium on renewals.	_____

DECLARATION

I/We hereby apply for insurance against risks as set out in the Company's "Cash in Transit" Policy and I/We hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld, and I/We undertake to exercise all ordinary and reasonable precautions for the safety of the Property. And I/We agree that this proposal and declaration shall be the basis of the Contract between myself/ourselves and the Company. And I/We further agree to accept a Policy subject to the usual conditions prescribed by the Company, and endorsed on its Policy and to pay the first premium thereunder when called upon to do so.

Personal Information Collection Statement

The information you provided in this Proposal Form is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; exercising any right of subrogation; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and any members of the Federation by the Federation for any of the above or related purposes. Moreover, The Pacific Insurance Company, Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by The Pacific Insurance Company, Limited. Requests for such access can be made to The General Manager at 10th Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.

CONSENT DECLARATION ON INSURANCE BROKER COMMISSION

I understand, acknowledge and agree that, as a result of my purchasing and taking up the policy to be issued by The Pacific Insurance Company, Limited (the Company), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf further confirms to the Company that he or she is authorized to do so.

I further understand that the above agreement is necessary for the Company to proceed with the application.

Dated _____ Proposer's Signature _____

N.B. The liability of the Company does not commence until the acceptance of the Proposal has been intimated by the Company, or official cover note issued.