



PROPOSAL FORM

CASH IN TRANSIT/CASH RETENTION PROPOSAL FORM

The completion of this Proposal Form is to enable Underwriters to establish the nature of the Proposer's operations, the extent of cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance.

The completion and or signing of this form does not bind the Proposer to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this Proposal Form can only be made with the prior advices to, and the approval of the Underwriters.

To assist Underwriters in assessing liability for rating purposes, the Proposer is requested to answer all questions. Should there be insufficient space provided herein, please provide balance of information on additional pages.

PLEASE NOTE THAT NO QUOTATION CAN BE PROVIDED UNLESS ALL QUESTIONS HAVE BEEN ANSWERED AND THIS PROPOSAL SIGNED, DATED AND INITIALLED ON ALL PAGES

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F.A.I.S Compliance Details
FSP Licence Number: 28
Compliance Practice: Intelligent Compliance and Education (Pty) Limited
FSB Practice No. 554
Compliance Officer: Peter Veal

Member of
SAUMA





General Information

Section A

A.1 (Registered Name) and address of the Company to be Insured:

Please provide the legal entities to be insured, eg "Limited", "(Pty) Limited", "CC" or " X trading as"

A.2 Full name and address of the Proposer:

A.3 Addresses of all branch offices/depots/operating bases:

(Use a separate sheet if necessary)

A.4 How long has the Company been established in the Cash In Transit industry?

A.5 Please provide the Company:

Registration Number. _____ VAT Number _____

A.6 Telephone Number _____ Fax Number _____

A.7 Web Site Address _____



A.8 Has the Company ever been known by a different name or title?

Yes	No
-----	----

If "Yes" please supply the following:

The name or title: _____

Dates of operation: From: _____ To: _____

Full details of Directors/Shareholders:

A.9 Are any of the Owners/Directors of the Company associated with any other cash in transit Company or other allied trade?

Yes	No
-----	----

If "Yes" please provide details: _____

A.10 Have any of the Directors/Shareholders of the Company to which this Policy of Insurance is to apply been involved with any other Company which has suffered a loss/losses in the past five years?

Yes	No
-----	----

If "Yes" please provide details: _____

A.11 Have you been insured by any other Insurers?

Yes	No
-----	----

If "Yes" please supply details, including expiry date of that Policy or existing current Policy:



A.12 Has your insurance ever been refused, cancelled or had special terms imposed?

Yes	No
-----	----

If "Yes" please provide details: _____

A.13 (a) What do you estimate to be your annual gross receipt from cash carrying operations for the ensuing year?

(b) What is your estimated value of annual carrying for the ensuing year?

(c) What were your gross receipts for the previous year?

A.14 Is cover required for cash/valuables retained on any of your premises?

Yes	No
-----	----

If "Yes" please give the number and location requiring coverage:

A.15 Has the Company suffered any losses?

Yes	No
-----	----

If "Yes" please give details of the amounts stolen and how the loss occurred:

Signature: _____

Date: _____



SAFES / VAULTS / STRONGROOM

SECTION B

B.1 Maximum amounts to be insured at each location:

Vaults/Strongroom: _____

(b) Safes: _____

B.2 Details of each Vault/Strongroom as follows:

(a) Thickness of walls, floor and ceiling: _____ mm

(b) Are the walls, floor and ceiling of poured concrete reinforced with TORDBAR or other similar materials?

Yes	No
-----	----

(c) Is it free standing?

Yes	No
-----	----

(d) Is it attached to any other room, extension or internal wall?

Yes	No
-----	----

B.3 Make and Model of Vault/Strongroom door: _____

B.4 Are the Safes/Vault/Strongroom doors fitted with time locks?

Yes	No
-----	----

B.5 If you are undertaking counting/sorting operations, what is the maximum amount to be insured: (N.B. is it possible to establish differing sums insured at each individual location) ?

B.6 State age, weight, size, make model and UL rating of all Safes: _____

B.7 How many members of your staff have or are entrusted with keys and/or combination numbers to your Vaults/Strongrooms/Safes? _____



B.8 How often are the combination numbers to your Safes/Vaults/Strongrooms changed?

B.9 Is dual key/combination exercised when opening Safes/Vaults/Strongrooms?

Yes	No
-----	----

B.10 Supply brief details of the Alarm System/s protecting Safes/Vaults/Strongrooms at each location requiring assistance (use a separate sheet if necessary):

B.11 Is the Alarm equipment protecting the Safes/Vaults/Strongroom on an independent Alarm Circuit to all other Alarm Systems on the premises?

Yes	No
-----	----

Signature: _____

Date: _____



ALARM SYSTEMS
SECTION C

C.1 Is/are the Alarm System/s dependent on the public supply of electricity?

Yes	No
-----	----

C.2 Is/are the Alarm System/s connected to an alarm central monitoring station or the local Police, or are they reliant upon exterior alarm bells?

Yes	No
-----	----

Please indicate which: _____

C.3 In the event of the failure of the public electricity supply is/are the Alarm System/s connected to an emergency power supply (i.e. Generator or batteries)?

Yes	No
-----	----

C.4 Have you a written contract with the supplier of your Alarm equipment to have same services and maintained?

Yes	No
-----	----

If "Yes" please detail arrangements: _____

C.5 Have you panic alarm/s which are connected to the Alarm System?

Yes	No
-----	----

If "Yes" are they of the fixed or portable type? _____

C.6 Is there a system laid down in writing instructing staff of their duties in the event of a duress attack?

Yes	No
-----	----

C.7 Is there a duress code system incorporated in the alarm code?

Yes	No
-----	----

Signature: _____ **Date:** _____



PROCEDURES

SECTION D

D.1 What will be the minimum number of staff who will crew a vehicle during operations? _____

D.2 During operations will one crew member always stay in the vehicle – regardless of the circumstances?

Yes	No
-----	----

D.3 Is there a rotation of crews, i.e. the same crews do not work together?

Yes	No
-----	----

If “Yes” state how often rotation takes place: _____

D.4 What will be the maximum amount in any one sack/bag/container? _____

D.5 What will be the maximum amount which will be outside of the armoured vehicle during collections/deliveries?

D.6 Will smoke filled carrying cases be used during the time that monies are being collected/delivered?

Yes	No
-----	----

D.7 Will all operations be carried out within a radio range of one of your offices which is fitted with radio receiving equipment?

Yes	No
-----	----

D.8 If there are any known radio blackspots will the vehicle be fitted with a telephone system?

Yes	No
-----	----

D.9 What is the maximum radius of your operations from any of your radio controlled offices?

D.10 Are the amounts being carried detailed on the consignment notes?

Yes	No
-----	----

D.11 Are all consignments that are delivered and collected signed for by your staff and/or clients?

Yes	No
-----	----



D.12 Detail your main operations in the following categories with the applicable percentages

	<u>Percentage</u>
(a) Direct to bank	_____
Supermarket to bank	_____
Bank to base for counting/sorting	_____
Supermarket to bank for counting/sorting etc.	_____
Night-time collections from supermarket safes	_____
Toll booth collections	_____
ATM Operations	_____
(if ATM Operations carried out, please supply full details on a separate sheet)	
Payroll/Pensions operations	_____
Other – please detail	_____

D.13 What is the maximum value of cash and/or valuables carries in any one armoured vehicle at any time with:-

- (a) 3-man armed crew _____
- (b) 2-man armed crew _____
- (c) Messenger armed _____
- (d) Messenger unarmed _____

D.14 What system/s /procedures prevent unauthorised access to control rooms and secure areas?

D.15 (a) In the event of an attack on a vehicle, what are the instructions to crews?

Are these instructions in writing?

Yes	No
-----	----



D.16 (a) In the event of an attack on a base station, what instructions are issued to staff?

Are these instructions in writing?

Yes	No
-----	----

D.17 Will your vehicles be garaged in secure locked premises when not in use?

Yes	No
-----	----

D.18 (a) Are all your clients advised in writing of the “out of vehicle limits”?

Yes	No
-----	----

(b) Are your clients also advised that if they exceed the limits and a loss occurs the excess monies are not covered by this proposed insurance?

Yes	No
-----	----

D.19 Do you have written contracts with all clients?

Yes	No
-----	----

If “No” why not? _____

D.20 Do your standard contracts include a cheque reconstruction clause?

Yes	No
-----	----

D.21 (a) Detail the arrangements respecting keys to override interlock system/s

(b) Are these in a separate alarmed box to which there are no override facilities?

Yes	No
-----	----

Signature: _____

Date: _____



STAFF
SECTION E

(Those staff directly or indirectly concerned with the carriage and/or retention of cash and valuables)

E.1 (a) Have you a static/patrolling guard division, and

Yes	No
-----	----

Are Cash in Transit operatives recruited from this source?

Yes	No
-----	----

E.2 If the answer to question E.1 (b) is 'no', detail in full how staff are recruited

E.3 What period of training is a new recruit subject to prior to being used on Cash in Transit operations?

E4 How often are staff re-trained? _____

E.5 Do you entrust cash/valuables to a member of staff if they have not been fully trained, or at least one of the crew has been in your employ for a minimum of one year?

Yes	No
-----	----

E.6 Will all staff operating on vehicles be issued with, and required to wear, or carry, at all times when undertaking operations the following:-

(a) Uniforms?

Yes	No
-----	----

(b) Side-arms?

Yes	No
-----	----

(c) Protective items, i.e. helmets/visors/bullet resistant vests/jackets?

Yes	No
-----	----



E.7 (a) Is there a rules and regulations manual/booklet in existence?

Yes	No
-----	----

(b) Are signed declarations that the rules have been read, understood and will be complied with attached to the employees' records?

Yes	No
-----	----

E.8 (a) Number of full time staff Male: _____ Female: _____

(b) Number of part time staff Male: _____ Female: _____

E.9 What age limits apply to active staff (i.e. drivers/guards) Maximum:_____Minimum:_____

E.10 Will the premises where cash is being retained be manned by a minimum of one armed guard 24 hours daily?

Yes	No
-----	----

E.11 What is the minimum number of staff who will be at the base station during the time that collections/deliveries are taking place? _____

E.12 Minimum number of staff on duty:-

(a) All night _____

(b) During working hours _____

E.13 Are staff required to undergo medical tests?

Yes	No
-----	----

If "Yes" please state how often _____(frequency)

E.14 (a) Do new recruits complete an employment application form?

(b) Are references checked with previous employers?

Yes	No
-----	----

(c) If "Yes" to (b) over what period of time? _____

(d) Are these references confirmed in writing?

Yes	No
-----	----



(e) Are all new employees checked by local police to ensure that they have no criminal record?

Yes	No
-----	----

E.15 Are all employees photographed?

Yes	No
-----	----

If "Yes" are copy photographs attached to their personnel file?

Yes	No
-----	----

E.16 Do you fingerprint all employees?

Yes	No
-----	----

E.17 Are your clients supplied with copies of photographs of your staff who are authorised to collect cash?

Yes	No
-----	----

E.18 When collecting cash are all staff undertaking the collection issued with an identification card bearing the company name, personal I.D. number, name of holder, photograph and signature?

Yes	No
-----	----

Signature: _____

Date: _____

VEHICLES/EQUIPMENT

SECTION F

F.1 Please complete the attached form listing thereon the following:-

(This concerns every vehicle that will be used to carry cash/valuables)

- (a) Age, make model and registration number.
- (b) Are there any rear doors?
- (c) If the answer to question (b) is "Yes", are instructions issued that the rear doors must not be opened unless the vehicles are within enclosed premises (to which the public have no access)?
- (d) Are the vehicles fitted with a metal bulkhead incorporating a door to the valuables compartment – this bulkhead dividing the cash/valuables from the crew?
- (e) Are all the external doors either mechanically or electronically interlocked with the inner bulkhead compartment, i.e. only one door being capable of opening at any given time?
- (f) Is the body of the armoured vehicle which will be used. Armoured on all aspects, i.e.
 - (i) total area where the crew travel
 - (ii) total area where the cash/valuables are carried (total area includes sides, roof and floor)
- (g) State the specification of the armouring and whether same is resistant to fire power from a Kalashnikov rifle or one using similar ammunition?
- (h) Is all the glass bullet resistant?
(state manufacturers' specification)
- (i) Are all doors fitted with internal locks?
- (j) Has a two-way radio been fitted?
If "Yes" , state range from base station.
- (k) Is there any audio alarm system fitted?
- (l) Are the vehicles serviced/maintained and repaired on your premises?
- (m) Any other information you wish to record (i.e. immobilisation devices, dual ignition system, semi-automatic radio alarm systems, vehicle appearance, lockerisation system, smoke systems, drop safes etc.)?
- (n) Is a vehicle check list in operation and is this completed and signed by the crew chief daily?
- (o) Are the following points on the vehicle check list?
 - (i) oil, water, tyres?
 - (ii) all locks functioning correctly?
 - (iii) radio checked functioning correctly?
 - (iv) external mirrors correct?

Signature: _____

Date: _____



LIST OF VEHICLES

NUMBER	REGISTRATION NUMBER	VEHICLE MODEL	YEAR OF MANUFACTURE	VEHICLE MAKE
A1				
A2				
A3				
A4				
A5				
A6				
A7				
A8				
A9				
A10				
A11				
A12				
A13				
A14				
A15				
A16				
A17				
A18				

(Use a separate sheet if necessary)

Signature: _____

Date: _____



NO.	B Y/ N	C Y/N	D Y/N	E Y/N	F Y/N		G Specification	H Y/N	I Y/N	J		K Y/N	L Y/N	M Y/N	N Y/N	O Y/N			
					(i)	(ii)				Range	Y/N					(i)	(ii)	(iii)	(iv)
A1																			
A2																			
A3																			
A4																			
A5																			
A6																			
A7																			
A8																			
A9																			
A10																			
A11																			
A12																			
A13																			
A14																			
A15																			
A16																			
A17																			
A18																			

Signature: _____

Date: _____



Is there any other information which is or may be material to this proposed insurance which has not already been disclosed to Underwriters?

Yes	No
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If "Yes", please give details _____

I/we hereby declare that the foregoing statements, particulars and answers are true and that I/we have not suppressed or mis-stated any material facts. I/we agree that the statements, particulars and answers contained in this fifteen page Proposal Form shall constitute part of the proposed contract and that any alterations or variations of protection and/or safeguards procedures and/or equipment to the detriment of Underwriters shall not be made without the knowledge of Underwriters.

It is further understood and agreed that the continued accuracy of the statements, particulars and answers shall be a condition precedent to Underwriters liability under the proposed insurance.

FULL NAME: _____

STATUS IN PROPOSER'S ORGANISATION: _____

Signature: _____ **Date:** _____