



Adj. Assoc. Int. School, 65 Patrice Lumumba Road. Airport Residential Area.  
P. O. Box CT 6342 Cantonments, Accra Tel: +233-302-778106, Fax+233-302-782871

## **PROPOSAL FOR MONEY INSURANCE**

NAME OF PROPOSER (IN FULL) BLOCK LETTER: \_\_\_\_\_

ADDRESS (BLOCK LETTERS): \_\_\_\_\_

MODE OF CONVEYANCE: \_\_\_\_\_

AMOUNT OF LIMIT ANYONE CARRYING: \_\_\_\_\_

ESTIMATED ANNUAL CARRYINGS: \_\_\_\_\_

CASH IN SAFE: \_\_\_\_\_

CASH ON COUNTER/PREMISES: \_\_\_\_\_

WHETHER CASH CARRIED ARE OWN VEHICLE FOR BY ESCORT: \_\_\_\_\_

FULL DETAILS OF SAFE(S) USED (i.e. make, model and whether secured to the floor and where situated):

\_\_\_\_\_  
\_\_\_\_\_

ARE REFERENCES OBTAINED FOR ALL EMPLOYEES HANDLING CASH?

\_\_\_\_\_  
\_\_\_\_\_

ANY PREVIOUS LOSSES: \_\_\_\_\_

INSURANCE IS TO COMMENCE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF PROPOSER: \_\_\_\_\_