

MONEY INSURANCE QUESTIONNAIRE



FRONTLINE™
UNDERWRITING MANAGERS (PTY) LTD

Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386
Compliance Officer: Moonstone Compliance
Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited,
Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

CLIENT DETAILS	
Name of Insured	
Address of Premises	
	Code:
Nature of Business	

NOTE: Please state “Not applicable (N/A)” where necessary
The expression “MONEY” means Cash, Bank Notes, Cheques, Money Orders, Postal Orders Bills of Exchange and Postage and other Stamps having monetary value.

QUESTIONNAIRE (Please tick the relevant boxes)			
1.	State the maximum amount likely to be at risk at any one time	R	
2.	How will the money be conveyed when banking is done		
a)	On Foot	YES	NO
b)	Your own transport vehicle/s	YES	NO
c)	Professional Cash Carriers & Transporters	YES	NO
3.	If professional cash carriers/transporters are used, what is the maximum amount that they will accept liability for?	R	
4.	If own transport is used, what is the approximate distance the money will be conveyed when banking is done?	KM	
NB: In terms of own transport of money, no in-between stops en-route to the bank is allowed.			

5.	Please give details of security arrangements in force to protect money:		
a)	Receptacles where money is stored e.g. Tills, Safes etc.		
b)	If Safes: where are they located and are they under alarm protection?	ALARM PROTECTION	YES NO
	LOCATION:		
c)	Are the keys to the safe kept on the premises or held by the Professional Cash Carrier?	YES	NO
d)	Rating Category of safe e.g. CAT 1 or 2 etc. or non-categorized?		
e)	Do the premises have a strongroom?	YES	NO
f)	What is the construction of the strongroom e.g. fully constructed of concrete including its ceiling:		
g)	What precautions are taken during the counting of money / cashing up?		
h)	Are there any security cameras?	YES	NO
i)	Is security camera equipment kept in a secure area?	YES	NO
j)	Is there an alarm system on the premises with armed response?	YES	NO
k)	If a service station or supermarket type risk, what is the maximum amount of cash allowed per petrol or money-receiving attendant/cashier before being deposited into a safe?	R	

l) If Wages Money is distributed to your Branch Offices before being paid away, please give the addresses of the branch/es and amount/s involved?				
ADDRESS OF BRANCH			AMOUNT	
			R	
			R	
			R	
			R	
6.	How is money conveyed?			
7.	How is money protected?			
8.	What is the approximate distance travelled?	KM		
9.	Is money retained overnight at Branch/es	YES	NO	
a)	If so, how is it protected?			
b)	If in locked safe, give:	Rating Category (e.g. CAT 1, 2 etc.)		
Whether built in wall or secured to floor (tick appropriate block)		WALL		FLOOR
10.	Please give full description of the construction of your strongroom/s, if any.			
11.	Are the keys of the safe(s) and strongroom/s removed from the premises when the premises are closed for business?	YES	NO	
12.	Have you ever suffered loss or destruction of or damage to Money?	YES	NO	
If so, please give details (use a separate sheet, if necessary)				
13.	Have you ever proposed for similar insurance?	YES	NO	
If so, state name of Insurer		INSURER NAME:		
a)	Was the proposal accepted?	YES	NO	
b)	Has the renewal of your insurance ever been declined or not invited?	YES	NO	
c)	Has an increased premium been required or have special conditions been imposed?	YES	NO	
14.	Is the indemnity of the Insurers the only insurance to be taken?	YES	NO	
15.	Give any other information in your possession material to the risk to be insured			

DECLARATION

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, ESPECIALLY IF NOT COMPLETED IN YOUR OWN HAND, BEFORE SIGNING THE FORM

I/We declare that the statement and particulars in this form are true to the best of my/our knowledge and belief and that I/we have not misstated, suppressed or omitted any material facts. I/We agree that this form together with any other information supplied by me/us from the basis of any contract of insurance effected thereon and shall be incorporated therein. I/We undertake to inform the company of any material alteration of these facts whether occurring before or after completion of the contract of insurance.

FOR AND ON BEHALF OF:

SIGNATURE:

NAME IN PRINT:

DESIGNATION:

DATE :

IMPORTANT NOTE:

In terms of the Policy holder Protection Legislation it is an offence for anybody other than the Proposer to sign this proposal form.

Please do not sign blank / partly completed forms.

Failure to disclose material facts could result in your policy being invalidated.

If you are in doubt whether a fact is material or not, declare it.

Frontline Underwriting Managers (Pty) Ltd reserves the right to decline any proposal

PRIVACY NOTICE - PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

YOUR rights

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>