

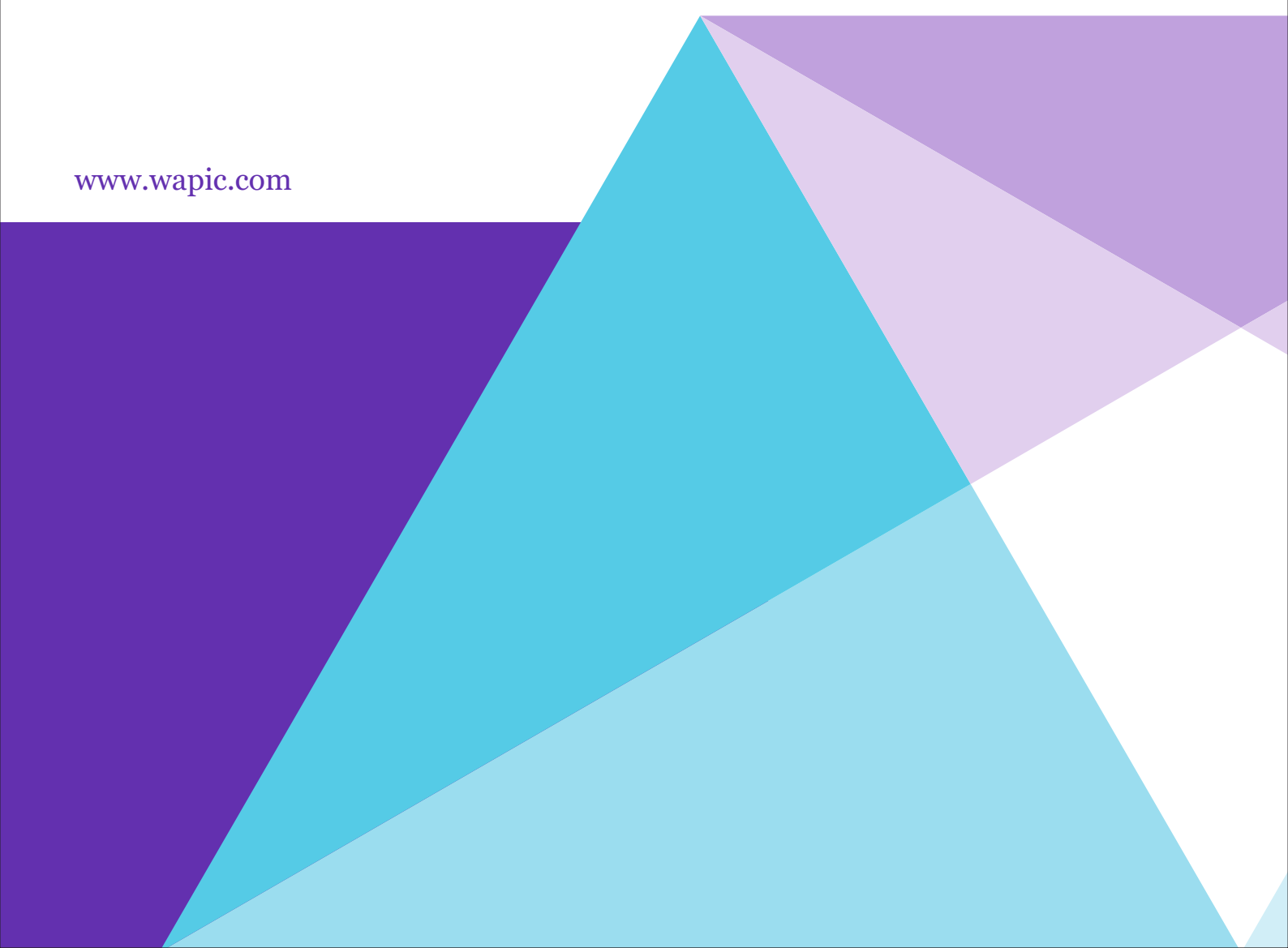
Risk Insured. Rest Assured



# Proposal Form

## Money Insurance

[www.wapic.com](http://www.wapic.com)



## Guidelines

1

Please fill the form in BLOCK LETTERS and leave one blank box between two words. Note that all sections of the proposal form must be completed particularly the ones marked (\*) using ink. Do not sign any blank or partially completed proposal form.

2

Kindly provide copies of all basic requirements. These include:

- ▼ Broker's slip/Risk Details
- ▼ Evidence of payment/Credit note for Brokers
- ▼ KYC documentation (as stated on the inner back cover)

3

Please note that any individual who assists an applicant to complete this proposal form for insurance purposes shall be deemed to have done so as an agent of the applicant.

4

Kindly contact the Company's Office or Agent for any doubts or clarifications on the content of this proposal form.

### Note:

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

It is important that you provide full and detailed answers to all questions to ensure proper assessment of the risk. This will also ensure quote terms that are fair and reasonable to both parties.

Incorrect or non-disclosure of material information by you may impact on claims arising under this policy.

# Money Insurance

## ▼ Proposer's details

Legal Form:  Sole Proprietorship  Partnership  Cooperative  Limited Liability Company  
 Company Limited by Guarantee  Public Liability Company  Government (MDAs)

Website

## ▼ General information

Address\*  House no.  Street name

P. O. Box

Tel No.\*  Alt. Tel No.

Email\*

Business of Proposer\*:

## ▼ Money in transit

Period of Insurance: From  to

S/N	Description of Cover	Limit (N)
1.	Cash in transit	
	i. Limit per transit	
	ii. Estimate annual carriage	
2.	Cash in safe	
3.	Cash in personal custody	
4.	Cash in counter / premises	

Expected premium: ₦  k  Source of funds

Bankers:  Account No.

How is money conveyed between your premises and the bank? (i.e) whether in bags, trunks, e.t.c.

What is the distance (in metres) from your premises to the bank?

Is the route a frequented one?  Yes  No

What is the means of transport? (i.e. Own Car, Hired Cars, Bullions e.t.c)

How many persons are engaged in carrying the cash?

Are the persons carrying the money accompanied by armed guard(s)?  Yes  No

If 'No', state what protection if any, is provided for them:

How many days a week is cash carried?  How many journeys are made on each day?

Is the money carried by a security company?  Yes  No

If 'Yes',  
 a) State name of security company:

b) Does the security company accept liability for loss of money in their custody?  Yes  No

# Money Insurance

**▼ Money in safe and others**

State the particulars of safes and/or strong room in which money will be kept: Location:

Make/Model:  Weight:  Cost of Safe:

Please insert yes or no if applicable to safe.

Is the safe: Built into wall  Yes  No Fire resisting  Yes  No Secured to the floor  Yes  No

Number of keys to safe(s)/strongroom(s):  Position of holders

Number of persons who have combinations (if applicable)

Are the premises occupied at night?  Yes  No

If 'Yes', by whom?

Do you desire damage to safe cover?  Yes  No

If money in custody is to be insured, state number of collectors/staff to be covered.

Have you suffered any loss(es) in the past:  Yes  No If 'Yes', give details:

Year	Insurer	Claimant	Nature of Problem	Amount Paid/ Outstanding (N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any insurer in respect of any insurance:

a) Declined your proposal of the renewal of the policy?  Yes  No

b) Terminated your insurance?  Yes  No

c) Required an increase in premium or imposed special terms?  Yes  No

Are your employees covered under fidelity guarantee policy?  Yes  No

If 'No', may we send you particulars of the cover so we can provide cover?  Yes  No

# Money Insurance

## ▼ Declaration

I/We hereby declare that the statements made by me/us in this proposal form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Wapic Insurance Plc. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

I/We authorize Wapic Insurance Plc to share my/our contact information like name, company name, address, phone number and email etc relating to me/us, with their affiliate companies. Wapic can also use such information for communicating any promotional marketing offers including, product offerings, services rendered and other such via:  SMS  Telephone  E-mail

Date:  DD /  MM /  YYYY Signature of Proposer

## ▼ For office use only

Branch/Team MIS Code  Staff Agency Code  Staff Code   
RM MIS Code  Group MIS Code  Rate   
Date:  DD /  MM /  YYYY  
Policy No:

### For Office Use Only

This section is to be completed by the Account Officer in block letters. The Account Officer is to indicate if necessary KYC documents have been provided by checking the appropriate boxes below and attaching copies of documents obtained from the customer.

#### ▼ Proposer's details

Proposer's Name:

RC Number  Date of Incorporation  DD /  MM /  YYYY

Board Resolution  Memorandum and Articles of Association  Certificate of Registration/Incorporation  Directors' ID

#### Directors' Information

	Surname	First Name	Mobile Number	Email Address
Director - 1				
Director - 2				
Director - 3				
Director - 4				
Director - 5				
Director - 6				
Director - 7				
Director - 8				
Director - 9				
Director - 10				

#### ▼ General AML/CFT requirement

Visitation conducted?  Yes  No Visitation report completed?  Yes  No

Customer Due Diligence (CDD) conducted?  Yes  No Enhanced Due Diligence (EDD) required?  Yes  No

Is the customer's core business activity one of the defined high risk businesses?  Yes  No

The customer's business located in a high risk location?  Yes  No Is the customer a Politically Exposed Person (PEP)?  Yes  No

#### ▼ AML/CFT Risk classification

High Risk  Medium Risk  Low Risk

Explain the basis for the AML/CFT risk classification

#### ▼ Visitation report

Visitation date  DD /  MM /  YYYY Met with

Information gathered

Remarks

Account Officer's Name  Rel. Mgr. Name

Account Officer's Signature  Rel. Mgr. Signature

Date  DD /  MM /  YYYY Date  DD /  MM /  YYYY

#### ▼ Technical unit's review

Remarks

Name


Unit  Signature  Date  DD /  MM /  YYYY

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