



Cash In Transit Insurance

Proposal Form

1.	Name of Company	
2.	Address of the Company	
3.	Nature of the Company Business	
4.	Contact Person	
5.	Email Address	
6.	Contact Ph. No.	
7.	Estimated Amount to be carried per Transit	
8.	Estimated Amount to be Annually Carried	
9.	Destination	From to
10.	Estimated the distance in miles	
11.	Name of engaged person for carriage and their position	(1) (2)
12.	The type of container to be used for carriage	
13.	Type of vehicle carrying money	
14.	Will an Armed Guard accompany such engaged persons?	

We, the undersigned, declare that the above statements have been filled in truly.

Date -----

Signature -----

Name -----

Official Rubber Stamp

Position -----