

- b. Name and maker & particulars on name plate.
- c. Name of safe/ vault
- d. Dimension of safe
- e. Whether marked fire or theft resisting
- f. State the name of the manufacturer of the vault door
- g. State type , Age and reference Number of Door
- h. Are door of arc torch and drill resistive materials?
- i. Do they have anti-explosive device in the door?
- j. Are safe anchored to the floor or alternatively do they weight not less than 680 kgs (1500lbs) empty
- k. Where and on which floor is the safe situated?
- l. Is it fixed either to the floor or wall?
If so, how?.

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Yes/ No

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Yes/No

Yes/No

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If any of the above are answered "NO" please describe alternative method of or type of protection.

- a. Is joint custody established and maintained for the safe guarding of Property while in safe or vaults.
 - i. If so by whom are the keys of the safe (S) & /or strong room Held
 - ii. Can a safe (s) be opened by a single key or by a combination of two or more keys?
 - iii. Are all such keys removed from the premises outside business hrs?
 - iv. Will the premises guarded whilst they are closed for business?
If so , by whom

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Yes/No

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Yes/No

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b. OTHER PROTECTION

a. Please specify other protection devices such as

- i. Camera system
- ii. Electrical money traps

b. Any other any security measure not mentioned herein

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c. Alarms

- a) Are there alarm systems against Burglary?
- b) Are they connected to?

Yes/No

- i. Central station
- ii. Police station
- iii. Elsewhere please describe

d. Is there an internal audit Department?

Yes/ No

If so,

- a) Is there an audit and control procedures' Manual?
- b) How many people are employed in the internal audit Department?
- c) Do the auditors visit all branches?
- d) How often are full internal Audits made?
- e) Are audits made regularly on a surprise basis?
- f) Does the firm or Authority regularly review the system of internal control and furnish written report?
- g) If so, do these reports go directly to the board of Directors?

Yes/ No.

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yes/ No

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Yes/ No

e. Have you ever sustained loss from the risks now to be covered? If so, give particulars

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<p>f. Tellers positions</p> <p>a) Are there alarm systems against robbery?</p> <p>b) Does each teller have a robbery alarm button or pedal?</p> <p>c) Are 'tellers' positions separated from the rest of the Banking Hall by a suitable partition with doors kept locked during Banking hrs ?</p> <p>d) Are all cashiers cash holdings taken to safe/vault when vault is closed?</p>	<p>Yes/ No</p> <p>Yes/No</p> <p>Yes/ No</p> <p>Yes/ No</p>
<p>g. Guards</p> <p>a) Do police patrol and inspect premises?</p> <p>b) Do you have armed guard? ii) By day</p> <p>c) Are by provided by ?</p> <p>h. Have you ever proposed for a similar Insurance?</p> <p>a) If yes, with which Company</p> <p>d) Has your Insurance ever been declined , terminated or premium increased?</p> <p>i. Period of Insurance from To </p>	<p>Yes/No</p> <p>Yes/No</p> <p>By Night.....</p> <p>i. Police</p> <p>ii. Agency</p> <p>iii. The Bank itself</p> <p>Yes/No</p> <p>.....</p> <p>i. Policy No.....</p> <p>ii. Sum insured.....</p> <p>iii. Premium.....</p> <p>Period of Insurance From to</p> <p>yes/ No</p> <p>.....</p>

I/ We hereby declare that the statements and particulars in this proposal are true and that we have not misstated or suppressed any material facts. i/ we agree that this proposal , together with any other information supplied by us shall form the basis of any contract of Insurance effected thereon and shall be incorporated therein. We undertake to inform insurers on any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal Form does not bind the proposer to complete this Insurance.

Signature of the Proposer

Date.....

YOUR INSURER OF CHOICE
Chorten Lam, Post Box no.779, Ph.339893/339894, fax. 339895, Toll Free: 201