

**CASH-IN-TRANSIT PROPOSAL FORM**

Date:

**Broker Details:**

Broker Name:   
Contact Person:   
Contact Number:   
E-mail:

**Client Details:**

Trading / Business name:   
Previous trading name(if applicable):   
Company registration number:   
Company VAT number:   
I.D. number of the owner:   
Business physical address:   
Business contact number:   
Business email address:

Have you been given notice by your current / previous insurer for increased terms, or notice to cancel your policy?

Yes  No

- Type of Business:**
- Cash in transit Service provider / Cash processing centre
  - Security company providing CIT Services
  - Owner of the cash
  - Provider of Cash acceptance Devices/safes on behalf of clients

If you are the owner of the cash, what is the nature of your business:

**Cover Required:**

- Cash in cash register/point of sale
- Cash in Cash office
- Cash in safe at customer's premises
- Cross Pavement carry value
- Cash in transit per vehicle per transit
- Cash in storage at Security company's vault

**Safe Category (Please select one)**

- Category 1
- Category 2
- Category 3
- Category 4
- Category 5

Replacement Value of Safe / Hardware:

Cover Commencement Date?

**Section A – to be completed if you are the cash in transit / security company / cash processing company:**

Number of armored vehicles in your fleet requiring transit cover:

If you make use of 3rd party c.i.t carriers, provide names thereof:

Estimated number of customers / premises serviced:

Estimated gross annual cash volumes processed:

Which option best describes your service level agreement / cash in transit & cash processing offering with your customers?

- 1) End to end: Includes cash in safe at customer premises, device itself, collection, transit & until delivered to the bank  Yes  No
- 2) Transit only: From time of signed collection at customer premises & until delivered to the bank  Yes  No
- 3) Static only: Device & cash in device at declared customer's premises  Yes  No

**Section B - to be completed if you are the owner of the cash:**

Primary Risk Address

**Please indicate if you have more than one location / branch**

Yes  No

**Name of the cash in transit company(s)**

- G4S Cash Solutions
- Fidelity Cash Solutions
- SBV
- IZI Cash
- Cash Automation
- Other

**Number of weekly pickups from your premises:**

1 x Weekly    2 x Weekly    3 x Weekly    4 x Weekly    5 x Weekly

**Type of Cover Required - Select only what is applicable \***

- Transit Only: Once collected by the c.i.t security company, in transit & until delivered to the nominated bank
- Transit & onsite: Whilst in the device / safe at your declared premises, & including the above collection & transit
- Device included: Loss & damage to the device / safe itself

**Section C – claims / loss history**

Date of Loss	Loss Amount	Reason of Loss
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**Section D – Security measures at location/s (if applicable)**

- Fence/barbed wire/palisades etc.
- Iron Rod/Bar gate
- Alarm system
- Alarm system linked to armed response
- Panic Button
- Restricted access to cash office
- Any other security related preventative measures

**Section E – Material facts disclosure & declaration of proposer**

State and other facts / information material to the risk not requested herein

**Details of previous insurance:**

Name of insurer:

Reason for moving:

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the risk that should be disclosed. I further agree that if any statement or particulars herein supplied by any person other myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal.

Please email the completed document to [info@revolute.co.za](mailto:info@revolute.co.za)

Name

Signature

Date