**Please email:** itic@thomasmiller.com

|  |  |
| --- | --- |
| 1. Company Name |  |
| 1. Website |  |
| 1. Name and e-mail address of the person at your company to whom correspondence should be addressed |  |

**SECTION 1 – Individual cash movement**

|  |  |  |
| --- | --- | --- |
| Ship name |  | |
| Transit details: | From: | To: |
| *(please state location, e.g. bank, office, ship)* | | |
| Cash details: | Currency: | Amount: |
| *(maximum amount US$200,000)* | | |
| Expected dates of transit: | From: | To: |

**SECTION 2 – Annual cash movement***Annual volume of cash moved: (US$)*

|  |  |  |
| --- | --- | --- |
| Largest single amount of cash moved: (US$): |  | |
| *(maximum limit US$200,000 any one sending)* | | |
| Usual transit details: | From: | To: |
| *(please state location, e.g. bank, office, ship)* | | |

**SECTION 3 – Money insurance***Annual cover for up to US$ 100,000 at the insured’s office or overnight at the residence of any director, partner or employee in a locked safe or similar*

|  |
| --- |
| Company name(s): |
|  |
| Address of office(s) to be covered: |
|  |

|  |  |
| --- | --- |
| **Signed:** | **Position in company:** |
|  |  |
| **Date:** |  |
|  |

*This proposal form must be completed and signed by a person who is authorised to bind the proposer.*

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief, the information given above is true and provides a fair presentation of the risk I/we are asking ITIC to insure. I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence an underwriter’s assessment or which would alert an underwriter to the need to make further enquiries).

Any insurance offered will be subject to the Rules of ITIC which are available at www.ITIC-insure.com or on request. Your attention is drawn to Rule 1.1 which lists those sections of the Insurance Act 2015 which are excluded from your cover.

**Please e-mail this completed form to:** itic@thomasmiller.com