

FAIS COMPLIANCE FORM

Have you been offered cash in transit insurance by a Representative? **Yes / No**

If answered Yes to the above please note the following:

- Cover is only against the Risk of hijack, theft, armed robbery and accidental damage.
- **Cover is subject to receipt of premiums by the Insured on or before the 7th of the month.**
- **It is your duty as the insured to ensure that any and all premiums are paid for inception of cover to be effective.**
- There will be no cover at all if there is more cash/valuables per container bag / in storage / in vault than the amount agreed and insured, unless it is noted that this policy is a first loss cover, insuring the excess payable under another policy caring the same loss. Details of such policy must be given and the policy must be in force at all times and respond to any loss claimed under the policy.
- It is of the utmost importance that you the insured report any potential loss to Polygon Underwriting in writing within 72 hours of the incident. Any loss reported outside of this time frame will not be paid. Sundays and Public Holidays will NOT be taken in account in determining the calculation of the 72 hour period.
- You the insured must at all times adhere to the procedures and recommendations laid down by your security risk advisor and or Security Services Provider.
- You confirm having received a copy of the policy wording and copy of the application form detailing cover under the policy, at the time of completing the application forms. Should you require any further clarity, please address your queries to **info@polygongroup.co.za**.

I, the undersigned, hereby declare that this product was explained to me prior to signing this application and that I will not hold Polygon Underwriting, the underwriter, the insurer and or my service provider liable for any claims and/or material facts not disclosed to me. I am aware that I can obtain the necessary relevant documentation from Polygon Underwriting on request.

I have received /made a copy of this document to retain for my own records.

Signed at _____ on this _____ day of _____, _____

Full Name: _____

Signature: _____ Capacity: _____