

GOODS-IN-TRANSIT INSURANCE PROPOSAL

INSURER: _____

NAME IN FULL: _____
(BLOCK LETTER)

BUSINESS ADDRESS: _____
(BLOCK LETTER)

TRADE OR BUSINESS: _____

1. State the number of years you have been established in the above business at the address as above or elsewhere _____

2. State (a) the nature of the goods to be carried and (a) _____
(b) districts covered in ordinary course of business (b) _____

3. Will you carry any of the following (a) Householders Removals _____
(b) Wines or Spirit _____
(c) Tobacco? _____

4. (a) State number of vehicles owned by you (a) _____
(b) Particulars of any restrictions on licence. (b) _____

5. Cover required:
(a) Fire only
(b) Accidental Damage only;
(c) Combination of (A) & (B)

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6. (a) Are you at present insured, or (a) _____
- (b) Have you ever proposed for (b) _____
Insurance in respect of any
Goods-in-Transit risks?
- (c) Has any such proposal or renewal
ever been (i) declined, or (i) _____
- (ii) withdrawn, or (ii) _____
- (iii) subjected to an increased rate? (iii) _____
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7. Do you possess permanent garage premises? _____
If so, quote address if different from
business address as above.

8. Are any of your vehicles left loaded and unattended at night? If so, what arrangements do
you make for their garaging and safe custody?

9. What is the maximum number of your vehicles so left in same premises?

10. Are any of your vehicles of special construction, low loading or above 10 tons carrying
capacity?

INSURANCE FOR 12 MONTHS FROM _____ TO: _____

I Warrant that the above statements are true, and that I have not withheld or concealed anything
affecting the proposed Insurance and I agree that this proposal shall be the basis of the contract
between me and the Company. I agree also to accept the Company's Policy applicable to the
Insurance.

DATE: _____ SIGNATURE _____

PARTICULARS OF VEHICLES

REGISTRATION NUMBER	MAKE OF VEHICLES	TYPE OF BODY	LICENCE	YEAR OF MAKE	CARRYING CAPACITY	NUMBER OF TRAILERS	PER V

Please Turn over

CLAIMS HISTORY

STATE COMPLETE RECORD OF CLAIMS OR LOSSES IN CONNECTION WITH GOODS-IN-TRANSIT DURING THE PAST THREE YEARS	TOTAL NUMBER OF VEHICLES OWNED BY THE PROPOSER DURING THE YEAR	TOTAL NUMBER OF ACCIDENTS/LOSSES	TOTAL COST OF SETTLED CLAIMS		
			FIRE	ACCIDENTAL DAMAGE	THEFT OR PILFERAGE

