

## GOODS-IN-TRANSIT INSURANCE PROPOSAL FORM



Name in full (BLOCK LETTERS) \_\_\_\_\_

Business address (BLOCK LETTERS) \_\_\_\_\_ Trade or business \_\_\_\_\_

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

2. State (a) the nature of the goods to be carried and \_\_\_\_\_

(b) districts covered in ordinary course of business \_\_\_\_\_

3. Will you carry any of the following: (a) Household removals: \_\_\_\_\_ (b) wines or spirits: \_\_\_\_\_

(c) Tobacco \_\_\_\_\_ (d) Oil products? \_\_\_\_\_

4. (a) State number of vehicles owned by you \_\_\_\_\_

(b) Particulars of any restrictions on licence \_\_\_\_\_

5. Details required for Insurance in respect of tankers only.

(a) Are shields or other protections fitted to prevent tank cans from being ripped off in the event of overturning:

\_\_\_\_\_

(b) Type of goods carried, if oil products, type i.e superPetrol, aviation fuel etc: \_\_\_\_\_

(c) Estimated cost per litre of goods carried? \_\_\_\_\_

6. (a) Are you at present insured, or

(b) have you ever proposed for insurance in respect of any Goods-in-transit risks?

(c) Has any such proposal or renewal ever been

(i) declined, or \_\_\_\_\_ (ii) withdrawn, or \_\_\_\_\_ (iii) subjected to an increased rate? \_\_\_\_\_

Name of company \_\_\_\_\_

7. State complete record of claims or losses in connection with Goods-in-Transit during the past three years.

### TOTAL COST OF SETTLED CLAIMS OUTSTANDING CLAIMS

Total No. of vehicles owned by the proposer during the year	Total no. of accidents or losses	Fire	Accidental damage	Number	Theft or pilfrage	Estimated total cost

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## PARTICULARS OF VEHICLES FOR WHICH COVER IS REQUIRED

Registered letters and numbers	Make of vehicle	Type of body	Licence	Year of make	Carrying capacity (in Litres for Tankers)	No. of	Per vehicle	Per trailer

If you require a Table "B" Policy please state: \_\_\_\_\_ Total sum Insured \_\_\_\_\_

Limit any one vehicle \_\_\_\_\_ Limit any one trailer \_\_\_\_\_

9. Do you possess permanent garage premises? \_\_\_\_\_

If so, quote address of garage if different from business address as above \_\_\_\_\_

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

11. What is the maximum number of your vehicles so left in same premises? \_\_\_\_\_

12. Are any of your vehicles of special construction low loading or above 20 tons carrying capacity? \_\_\_\_\_

Table \_\_\_\_\_

Insurance For 12 Months From \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Premium \_\_\_\_\_ Stamp Duty \_\_\_\_\_ Total Premium \_\_\_\_\_

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### BROKER RECOMMENDATION

I have known the Proposer \_\_\_\_\_ year and recommend acceptance of the Proposal

Signature \_\_\_\_\_

Broker \_\_\_\_\_