

GOODS-IN-TRANSIT INSURANCE PROPOSAL

AGENCY: POLICY NO.:

NAME IN FULL:

BUSINESS ADDRESS:

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 (a)

(b) Wines or Spirit (b)

(c) Tobacco? (c)

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

(b) Particulars of any restrictions on license (b)

5. **Cover required:**

(a) Fire only (a)

(b) Accidental Damage only; (b)

(c) Combination of (a) & (b) (c)

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

(b) Have you ever proposed for Insurance in respect of any Goods-in-Transit risks? (b)

(c) Has any such proposal or renewal ever been:

(i) declined, or (i)

(ii) withdrawn, or (ii)

(iii) subjected to an increased rate? (iii)

7. Do you possess permanent garage premises? Yes No

If so, quote address if different from business address as above.

8. Are any of your vehicles left loaded and unattended at night? Yes No

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:

DECLARATION

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 VEHICLE	REMARKS/CONDITION OF VEHICLE

