

INSURANCE BROKERS.....

AGENCY _____ <hr/> PROPOSAL :- TRANSIT INSURANCE – (OWN GOODS) IMPORTANT : PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION

(Block letters)

NAME OF PROPOSER _____

BUSINESS ADDRESS _____

1. In what areas do you operate? _____
2. (a) Trade or Business _____
 (b) How long have you been established in the above trade or business _____
3. Give full description of goods to be insured _____
4. What is your Estimated Annual Carry of Goods _____
5. What is the normal size of consignments? _____
6. (A) Are your vehicles fitted with any of the following thief resisting protections (in addition to manufacturers standard locks)
 - (i) Immobilizers) If so give make and type _____
 - (ii) Additional locking to all doors and boots?
 If so give make and type _____
 - (iii) Securing brackets to ventilating windows (whether swivel or sliding type) _____
 - (iv) Is there a solid partition between the cab and body? _____
 (B) Give details of any vehicle not fitted with such protections. _____
 (C) How do you ensure that the protections are in full working order and put into operation? _____

7. PARTICULARS OF VEHICLES(Use separate sheet if necessary):

Registered Letters and Numbers	Year and Make	Type	Carrying Capacity	Trailers		Maximum Value of Load (Limit of Liability)

If more than one vehicle or trailer state the limit required for any one loss or series of losses arising out of a single event.

8 Do you obtain written references and confirm them with the previous employers in respect of all your drivers and other employees?_____

(Refer to warranty at the foot of this proposal form)

9 . Will hired vehicles be used to transport any of the insured property?

If so, please attach a copy of the contract of carry between the owner of the goods and yourselves

10.State losses and damages suffered by you during the three years immediately preceding this proposal

Year	FIR			THEFT			DAMAGES		
	E Paid		Outstanding	Paid		Outstanding	Paid		Outstanding
	No.	Amount		No.	Amount		No.	Amount	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	

11. Are you at present insured or have you been previously insured for Goods in Transit by your vehicles? If so state name of Company or Underwriter and when such insurance expires or expired

12. Has any Company Underwriter in respect of Goods in Transit or Motor Commercial Vehicle risks ever-

- (i) Declined your proposal?
- (ii) Required an increased premium or imposed restrictive conditions'?
- (iii) Cancelled or refused renewal of your Policy?

(If so give name of Company or Underwriter concerned)

13. Subject to confirmation by the Insurers when would you require the insurance to commence?_____

I/We hereby warrant the truth and correctness of the above statements and declare that I/We do and will obtain before engaging drivers and other employees satisfactory and confirmed references in writing so to their ability and integrity.

I/We agree that the above proposal and this Warranty and Declaration shall be the basis of the Contract between me/us and the Insurer and I/We agree to abide by the terms and conditions of any Policy which may be issued as a result of this proposal.

Date_____Proposer's

Signature_____