

• GOODS IN TRANSIT INSURANCE • PROPOSAL FORM

In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

Vat No.:

<p>1. (a) Name of Proposer:</p> <p>(b) Mailing Address: (including Postal Code)</p> <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) Business, Occupation or Trade:</p> <p>(f) Period of Insurance:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>From</p> <p>To</p>
---	---

<p>2. STATE WHETHER COVER IS REQUIRED UNDER SCHEME 1, 2 OR 3 BY TICKING APPROPRIATE BOX (SEE Page 6)</p>	<p>Scheme 1 <input type="checkbox"/> Specified Vehicles</p> <p>Scheme 2 <input type="checkbox"/> Declaration</p> <p>Scheme 3 <input type="checkbox"/> Single Transit</p>
--	--

<p>3. Please give details of the type(s) of goods to be insured.</p>	<p>.....</p>
--	--------------

4. If cover is required on **SPECIFIED VEHICLES** (SCHEME 1.) please complete the following schedule.

Make and Description of Vehicles or Trailers	Registration Letter and No.	Horse power or Cubic Capacity	Carrying Capacity	Year of Manufacture	Sum Insured on Goods

5. Do you have any vehicles other than those mentioned in the above schedule?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

6. Do you anticipate having to use these vehicles to carry goods? If 'Yes', please explain	Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	

7. If a DECLARATION POLICY (SCHEME 2) is required please state: (a) the estimated total value of goods which will be sent during the next 12 months: (i) by road in vehicles owned by you? (ii) by road in vehicles owned by contractors (b) the maximum value of any one consignment of goods
---	---------------------------------

7. (c) the conditions of carriage applicable to goods sent by contractors' vehicles
---	-------

<p>8. If cover is for a SINGLE TRANSIT (Scheme 3) please give details of</p> <p>(a) journey</p> <p>(b) value of consignment</p> <p>(c) Make and type of vehicle</p> <p>(d) how the consignment is protected</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
--	---

<p>9. If your own vehicles are used, please answer the following:</p> <p>(i) Are the vehicles fitted with closed bodies?</p> <p>(ii) If 'No', to (i) above please state what precautions have been taken to protect the consignment.</p> <p>(iii) Will the vehicles be loaded by your employees?</p> <p>(iv) Will the driver or an attendant remain with loaded vehicle at all times when it is not within a securely locked building?</p> <p>(v) If 'No', to (iv) what steps have been taken to protect the load</p> <p>(vi) Have any of your drivers ever had their licences suspended or endorsed?</p> <p>(vii) Do the vehicles carry fire extinguishers?</p> <p>If 'Yes', please give details of Make and type of extinguishers</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
---	--

<p>10. If contractors' vehicles are used:</p> <p>(a) Are they fitted with closed bodies?</p> <p>If 'No', please state what precautions have been taken to protect the consignment.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
--	--

<p>11. Will you carry:</p> <p>(a) wine or spirits?</p> <p>(b) tobacco?</p> <p>(c) machinery</p> <p>(d) cloth or clothing</p> <p>(e) computer equipment</p> <p>(f) videos/stereos/electronic equipment</p> <p>(g) electrical appliances</p> <p>(h) explosives, fuel or gas</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
---	---

<p>12. (a) Has a proposal for Goods in Transit Insurance ever been submitted by you to any Insurer?</p> <p> If 'Yes', was it accepted?</p> <p> If 'Yes' please state name of the Insurer</p> <p>(b) Has renewal ever been declined or not invited</p> <p>(c) Has an increased rate been required or special terms imposed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
--	--

<p>13. Have you suffered any accidents or losses (whether insured or not) during the past three (3) years in respect of Goods in Transit risks?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
---	--

If 'Yes', please give details of your claims and losses in respect of Goods in Transit during the past three (3) years (overleaf).

Year	Total number of accidents/ losses	Total cost of settled claims and losses			Estimated cost of Outstanding claims and losses			
		Fire	Accidental Damage	Theft	Number	Fire	Accidental Damage	Theft

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed by Proposer

Name (Please print)

.....

Signature

.....

Date

GOODS IN TRANSIT INSURANCE

The Insurers issue Policies which provide cover in respect of loss of or damage to property caused by-

FIRE, THEFT OR ACCIDENTAL MEANS

whilst in transit by road or rail and whilst temporarily housed in the course of transit.

The following alternative schemes are available:

- Scheme 1 - A policy covering property carried by specific vehicles: a stated sum insured being agreed as the maximum value of the load carried on each vehicle.
- Scheme 2 - A declaration policy, the sum insured representing an estimate of the aggregate value of consignments to be dispatched during a chosen period (usually 12 months). The sum insured is reduced by the value of each consignment until it becomes exhausted.
- Scheme 3 - A policy covering a single transit.

Terms, which vary according to the individual circumstances of the risk, will be quoted on receipt of completed proposal form. Full details of the policy will be supplied upon request.

EXCEPTIONS

This insurance does not cover:

- (a) Loss destruction or damage occasioned by or happening through volcanic eruption, subterranean fire, earthquake or other convulsion of nature, war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot, civil commotion or confiscation or destruction by or under the order of any government or local authority.
- (b) Loss or destruction of or damage to livestock, explosives, goods of a dangerous nature, jewellery, gold and silver articles, precious stones, bullion, cash, stamps, banknotes, deeds, bonds, bills of exchange or other documents representing money.
- (c) Breakage of clocks, china, glass, earthenware, pictures, scientific instruments, statuary marble or plaster work, unless caused by fire, theft or an accident to the vehicle or train or an object falling into the vehicle or train.
- (d) Loss destruction or damage caused by weather, atmospheric conditions, delay, loss of market, depreciation, deterioration or consequential loss of any kind, wear and tear, vermin, defective packing or hooks.
- (e) Theft or pilferage in which any employee of the Insured is concerned as principal or accessory.
- (f) Loss of any liquid gas or goods from containers by leakage or spilling unless caused by fire or by an accident to the vehicle or train or by an object falling into the vehicle or train.
- (g) Loss destruction or damage occasioned by or happening through confiscation, nationalization requisition or willful destruction by any government, public, municipal, local or customs authority.

NB. The Insured is required to bear a small amount of each claim unless caused by fire or by collision overturning or derailment of the conveyance.