

## GOODS IN TRANSIT INSURANCE PROPOSAL FORM

**PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION • TICKS AND DASHES ARE NOT SUFFICIENT**

### THE PROPOSER

1. (a) Name of Proposer(s) in full (If a Company, state full legal name)  
**BLOCK LETTERS PLEASE** (Mr. / Mrs. / Miss)

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(b) **MAILING** Address:

.....

(c) Phone No. (Work): ..... (Home): ..... (Mobile): .....

(Email): ..... (Fax): ..... (Other): .....

(d) Occupation / Profession / Trade / Business:

.....

(e) State Desired Period of Insurance

From:

To:

.....

### THE GOODS

2. (a) Describe as fully as possible the goods carried:

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(b) Will the goods be carried within Grand Cayman only? Yes  No , if no specify:

(c) Do you carry goods for others?

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### THE VEHICLE (S)

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3 (a) Are your vehicles fitted with Anit-theft devices? Yes  No , if yes, give details:

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(b) Are loaded vehicles left unattended day or night? Yes  No , if yes, where are the vehicle(s) stored and detail steps that are taken to secure the vehicle(s) and the goods:

(c) Are the vehicle(s) open or enclosed?

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(d) How many vehicles are used in your haulage work?

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(e) Do you maintain and inspect your vehicle(s) monthly? Yes  No

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(f) Do you maintain and inspect trailer(s) before each haulage? Yes  No

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.....

(g) Details of Vehicle(s) used:

Licence Number	Year	Make	Model	Body Type	Horse Power or Cubic Capacity or Litres	Carrying Capacity	Maximum Value of Goods per vehicle (Actual Cash Value / Market Value)	Current Insurers of the Vehicle (s)

## THE COVER

- 4 (a) State the amount for which you require cover in respect of goods in any on e vehicle (including trailer): \$
- (b) What is the maximum total value of goods (on loaded vehicles or while temporarily unloaded) likely to be kept in any one place at any one time during a transit? \$
- (c) What is your estimated annual carryings? \$
- (d) Do you carry bullion, money, securities, stamps, jewellery, watches, furs, gold, platinum and silver articles, precious stones, wines, spirits, tobacco or cigarettes, livestock or explosives? If so, please specify which ones are carried and what proportion of your total carryings they represent:
- (e) Do you require cover for goods carried by sub-contractors? Yes  No  if so,
- (a) do you require them to accept full responsibility for the goods? Yes  No
- (b) do you obtain from them a letter of indemnity? Yes  No
- (c) do you obtain written confirmation that they have valid and adequate insurance? Yes  No

## PREVIOUS INSURANCES

- 5 (a) Are you now or have you ever been insured against any of the risks proposed? Yes  No
- If 'yes', who was your Insurer: .....
- (b) Have you or any other Proposer/Director/Officer having interest in this property/business ever :-
- i. Had any insurance refused, been subjected to special terms or been asked to take extra precautions? Yes  No
- ii. Been convicted of, or been charged with but not yet tried for, arson or any offence involving dishonesty or any kind such as fraud, robbery, theft, or handling stolen goods? Yes  No
- If 'yes' to any items, please give full details: .....

## CLAIMS HISTORY

- 6 (a) Have you sustained loss or damage by any of the risks or liabilities you now wish to insure? (All losses must be included whether claim made/paid or not)
- Yes  No  If 'yes', please complete the table below:

Date of Loss	Particulars	Total Loss	Amount Paid/Claimed

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**DECLARATION**

Please read this very carefully and if acceptable then sign and date below.

You should show this declaration to anyone who has an interest in property insured under this policy.

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Cayman First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Cayman First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Cayman First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Cayman First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

The Insurance provided may include cover for individuals who are either insureds or beneficiaries under the policy (individual insureds). Relevant information about individual insureds is collected to provide insurance cover and to meet our legal obligations. This information may include details such names, addresses, health information, criminal convictions and other sensitive personal data.

We will process individual insureds' details, as well as any other personal information provided in respect of the insurance cover, in accordance with our Cayman First Insurance Data protection Statement, a copy of which is available online at [www.caymanfirst.com/dataprotectionstatement](http://www.caymanfirst.com/dataprotectionstatement) or upon request.

Date: \_\_\_\_\_ Signature of Proposer: \_\_\_\_\_  
Please Print Name & Position Held if Company: \_\_\_\_\_

- Please provide a copy of your standard form of contract for carriage of goods.