

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:

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(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 Anti-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

.....

(f) Do you maintain and inspect trailer(s) before each haulage?

Yes No

.....

(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

DECLARATION

I/We hereby warrant the truth of the above statements. I/We declare that I/We have withheld no information whatsoever which might tend in any way to increase the risk of the Company or influence the acceptance of this Proposal. I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/We further agree to accept a Policy subject to its conditions. I/We agree to exercise all ordinary and reasonable precautions to ensure the safety of the property hereunder Insured. . I/We agree to keep a proper Book of Records and to render at the end of the Period of Insurance a statement in the form required by the Company of the actual total value of goods carried during the period of insurance and to pay premium on any goods in excess of the amount estimated above.

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.**