



GOODS-IN-TRANSIT – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

1. FULL NAME OF PROPOSER: _____
2. ADDRESS: _____
3. OCCUPATION / BUSINESS: _____
4. TELEPHONE NO.: _____
5. EMAIL: _____

SECTION A – SINGLE TRANSIT ONLY

6. Please provide the following details;
 - a) Transit starts _____ / _____ / 20____ to _____ / _____ / 20____
 - b) Transit location from _____ to _____
 - c) Full description of goods to be carried _____
 - d) Value of goods to be carried _____

SECTION B – MULTIPLE TRANSIT ONLY

7. Please provide the following details;
 - a) Policy start date _____ / _____ / 20____ to _____ / _____ / 20____
 - b) Transit location from _____ to _____
 - c) Full description of goods to be carried: _____

 - d) Value of goods to be carried;
 - i. Estimated Annual Transit Amount: _____
 - ii. Maximum Amount per Single Transit: _____
 - e) Estimated Number of Transits per year: _____



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SECTION C – GENERAL INFORMATION

8. State the exact mode of Transit: _____

9. Please indicate if proposer is the owner or carrier of the goods being insured.

Owner Carrier

10. Are the Goods Carried at Owner's Risk or Carrier's Risk?

Owner's Risk Carrier's Risk

If Carrier's Risk, please indicate Name and Address of Carrier: _____

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

Date: _____ **Signature:** _____



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Agent /Broker: _____