

GOODS IN TRANSIT PROPOSAL FORM

This proposal must be completed and signed by the proposer. All questions must be answered in full. Please use block letters or tick as appropriate.

Agency Account Number:

A. PARTICULARS OF PROPOSER

a. Full Name of Proposer ID

CORPORATE APPLICANTS

b. Name

c. Contact Person

d. Contact Details: (tel): (fax):

(mobile): (web):

(email):

(postal): (code): (town/ city):

e. Tin Number :

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f. Period of Insurance : To :

B. OCCUPATION/BUSINESS

1. State your occupation/trade/business.

2. Description of property:

3. Mode of conveyance :

4. Territorial limits :

5. If cover is required on specified vehicles, please complete the schedule below;

6. (i) How will the goods be packaged whilst transporting

(ii) Will you transport any of the following;

a) Wines and spirits? Yes No

b) Fragile articles? Yes No

c) Explosive or hazardous goods? Yes No

7. Will you use hired vehicles? Yes No

If so give details :

8. a) How do you ensure safety of the goods when the vehicle(s) are temporarily garaged during transit? Please explain

b) Are the vehicles fitted with :

i) Tracking Devices Yes No

ii) Radio Communication Yes No

iii) Engine Immobilizers Yes No

Any other Devices (please specify)

Vehicles				Trailers			
Make @ Description of Trailer	Reg. Number	Carrying capacity (tonnage)	Sum Insured	Make @ Description of Trailer	Reg. Number	Carrying capacity (tonnage)	Sum Insured

C. LIMIT OF LIABILITY

1. a) In respect of any one consignment:
- b) In respect of any one Period of insurance:
2. State your Estimated Annual Carry

D. INSURANCE/LOSS HISTORY

1. 1. Are you now or have you been insured for this type of Insurance? Yes No
 If yes, please give name of Insurer and Policy Number

2. Have you ever suffered a loss in connection of the insurance now proposed? Yes No
 If yes, please give details of loss(es) in the last three years Year/s

Cause of loss

Brief details of each loss

Amount paid

3. What precautions do you now engage to avoid recurrence of such claim/s?

4. Has any Insurance Company ever;
 - a) Cancelled your Policy? Yes No
 - b) Declined to insure you? Yes No
 - c) Declined to renew your Policy? Yes No
 - d) Imposed any special terms? Yes No
 - e) Declined any claim? Yes No

If the answer for any of the above reasons is 'YES'. Please give details

Declaration

I/We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I/We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and The Heritage Insurance Company Tanzania Limited.

Name of Proposer _____ Signature _____ Date _____

The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the Company.