

GOODS-IN-TRANSIT PROPOSAL FORM
(SINGLE LOAD TRANSIT INSURANCE)

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

PROPOSER'S NAME IN FULL: _____

PROPOSER'S ADDRESS: _____

PROPOSER'S BUSINESS OR OCCUPATION: _____

TEL: _____ FAX: _____ EMAIL: _____

1. State extent of journey: From: _____

To: _____

2. State Date: (a) When Goods are to be dispatched: _____

(b) When journey is to be completed: _____

3. Exact mode of Transit: _____

4. Name and Address of Carrier: _____

5. State full description of Goods: _____

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

7. Total Value of Goods: _____

Greatest value of any one borneyed by the Insured: _____

8. What excess is to be borneyed by the Insured: _____

9. State how the Goods are packed: _____

I hereby declare and warrant that the above questions are fully and truthfully answered, that I/We have not with-held or concealed any circumstance effecting the proposed Insurance and I/We agree that this declaration and the answers given above, and not any extraneous Knowledge or information possessed by the Company shall be the basic of the contract between me/us and the company and I/We agree to accept a policy subject to the conditions prescribed by the Company and expressed in the Policy.

Date: _____ Signature: _____