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## PROPOSAL FOR GOODS IN TRANSIT

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.

|        |            |
|--------|------------|
| AGENT: | POLICY NO. |
|--------|------------|

### A.PARTICULARS OF PROPOSER

#### 1. Individual Applicants:

NAME OF PROPOSER.....

ID NO.....

#### 2. Corporate Applicants:

FULL NAME .....

FULL ADDRESS: .....

TELEPHONE No. ....

AGENCY.....

E-MAIL ADDRESS.....

FAX NUMBER .....

CONTACT TELEPHONE.....

MOBILE NUMBER.....

PHYSICAL LOCATION/S.....

PIN CERTIFICATE NUMBER (Please attach a copy).....

NATURE OF BUSINESS / OCCUPATION .....

**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;

| 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 :KES. \_\_\_\_\_  
b) In respect of any one Period of insurance: KES\_\_\_\_\_.
  
2. State your Estimated Annual Carry KES.

**D. INSURANCE/LOSS HISTORY**

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

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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 \_\_\_\_\_

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

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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 is yes please give details

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**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 \_\_\_\_\_ Insurance company limited

**Date.** \_\_\_\_\_ **Signature of Proponent** \_\_\_\_\_

