



**CARRIERS LEGAL LIABILITY INSURANCE**

**PROPOSAL FORM**

PARTICULARS OF PROPOSER

1. Name of Proposer: \_\_\_\_\_

2. Address and contacts:

P. O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_

Telephone Number/s \_\_ Mobile No. \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

3. Pin Certificate Number (attach a copy) \_\_\_\_\_

4. Physical Address of Central Office:

Building \_\_\_\_\_ Street/Road \_\_\_\_\_ Town \_\_\_\_\_

5. Please indicate whether you operate as a (tick as appropriate):

Sole Trader \_\_\_\_\_ Partnership \_\_\_\_\_ Limited

company \_\_\_\_\_

6. Describe your business or occupation : \_\_\_\_\_

7. When was the business registered ? \_\_\_\_

8. Has ownership of the business changed since it was registered? Yes/ No?

If so please explain briefly \_\_\_\_\_

9. Name the main types of goods likely to be carried, handled and/or warehoused \_\_\_\_\_ by \_\_\_\_\_ you.

10. What is your area of Operations (Geographical area covered) ?

\_\_\_\_\_

#### B. PARTICULARS OF VEHICLES

1. Indicate whether the vehicles are (tick as appropriate):

Owned \_\_\_\_\_ Hired \_\_\_\_\_ or

Owned and hired \_\_\_\_\_

2. Do you subcontract any carriage? Yes/No?

3. If Yes, do you have written contracts with the subcontractors? Yes/ No

If Yes, kindly provide a copy of the contract (attach a copy)

If No, how do you hold subcontractors responsible for any goods entrusted to them? Explain briefly \_\_\_\_\_

5. Do you maintain a detailed register of all the vehicles that are used for carriage of goods? \_Yes/No



If not, explain how you keep such records.

6. Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy condition at all times? Yes/No?

7. How do you ascertain the level of maintenance of hired vehicles and staff reliability? Please explain.

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

SECURITY OF VEHICLES

Are the vehicles fitted with:

- Tracking Devices? YES/NO
- Radio Communication? YES/NO
- Engine Immobilizers? YES/NO
- Overloading Devices? YES/NO

Any Other Devices (please specify) \_\_\_\_\_

9. EMPLOYEE DETAILS

1. State the total number of own employees engaged.
2. State the total number of hired drivers/operators.
3. Do you have a system of vetting employees for trustworthiness before employment? Yes/No

Please elaborate \_\_

4. Do you verify validity of all drivers' licenses and identities before engaging them in employment? Yes/No



Please explain \_\_\_\_\_

D. LIMITS OF LIABILITY REQUIRED

1. State the Limits of liability required:

- a. In respect of any one claim TZS
- b. In respect of all claims arising out of one event TZS
- c. In respect of all claims during the Period of Insurance TZS

2. What is your Estimated Annual Carry TZS \_\_\_\_\_

3. Provide your actual annual carry for each of the last three years:

- a. Year \_\_\_\_\_ TZS
- b. Year \_\_\_\_\_ T Z S
- c. Year \_\_\_\_\_ TZS

4. 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.

\_\_\_\_\_

2. Have you ever suffered a loss in relation to the insurance now proposed? Yes/No

If Yes, please give details of loss(es) in the last three years

Year of loss(es) \_\_\_\_\_



Cause of loss \_\_\_\_\_

Brief detail of each loss \_\_\_\_\_

3. What precautions do you now engage to avoid recurrence of similar loss? \_\_\_\_\_

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 GA Insurance Tanzania Limited .

Name of Proposer \_\_\_\_\_ Signature \_\_Date \_\_\_\_\_

Date \_\_\_\_\_

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

