

PROPOSAL FORM FOR GOODS IN TRANSIT

AGENCY ACCOUNT NUMBER CLIENT NO

All questions must be answered in full. Please use block letters or tick as appropriate

SECTION 1 - PROPOSER DETAILS

- a. Full Name of Proposer/Business
- b. Contact Details: (tel): (fax):
 (mobile): (web):
 (email):
 (postal): (code): (town/ city):
- c. Proposer Pin Number :

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- d. Profession / Occupation Contact Person
- e. Period of Insurance From : To :

TECHNICAL DETAILS :

1. What is the geographical area
2. Description of the property insured
 - a) Sum Insured in respect of any one or loss or series of losses arising out of one original cause : Kshs.
 - b) Estimated total value of goods in transit during a period of one year Kshs.
3. State the number of years you have been established in the above business.
4. State districts covered in ordinary course of business
5. Give details of the packing
6. Will you transport any of the following :
 - a) Wines or Spirits ? Yes No
 - b) Fragile Articles ? Yes No
 - c) Explosive or hazardous goods ? Yes No
7. State the maximum value of any one single package . Kshs.
8. State the maximum limit of any one single despatch per vehicle. Kshs.
9. How many trips are being undertaken by you in a week ?
10. What is the maximum duration of any one trip ?
11. Are your vehicles always properly maintained and serviced ? Yes No
12. Will you use hired vehicles ? If so give details : Yes No

13. Will your vehicles carry a greater load than allowed by the traffic authorities ? Yes No

14. Have you ever sustained loss under a Goods in Transit Policy?
If so give particulars. Yes No

15. a) Are you at present insured or have you ever proposed for insurance in respect of goods in transit insurance. If so state name of insurer or underwriter. Yes No

b) Has any such proposal or renewal ever been :

1) Declined ? Yes No

2) Cancelled ? Yes No

3) Subjected to increased rate by an insurer or underwriter ? Yes No

If so give details :

PAYMENT DETAILS :

Payment type (Please tick)

- Cash (Please pay at The Heritage Insurance Company Offices)
- Cheque : Cheque No. _____ Bank : _____
- Premium Finance : (State the finance company) _____

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 Kenya Ltd.

Name of Proposer _____ Signature _____ Date _____

(Note :The proposal form must be completed and signed by the proposer)

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