

## PROPOSAL FOR GOODS IN TRANSIT INSURANCE

### SECTION A PERSONAL / CORPORATE DETAILS

#### (Individual Applicant)

Surname \_\_\_\_\_ Other Name: \_\_\_\_\_

Place of Work \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: (dd) \_\_\_\_ / (mm) \_\_\_\_ (yy) \_\_\_\_ ID/Passport No. \_\_\_\_\_

#### (Corporate Applicant)

Business Name: \_\_\_\_\_ PIN No. \_\_\_\_\_

Nature of Business \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

#### (Both Corporate and Individual Applicants)

Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Town: \_\_\_\_\_

Physical Address: Bldg: \_\_\_\_\_ Floor: \_\_\_\_\_ Street: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### SECTION B 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	(a) Shs _____
(b) Estimated total value of goods in transit during a period of one year	(b) Shs _____
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	

**SECTION B TECHNICAL DETAILS (continued)**

6. Will you transport any of the following:

(a) wines or spirits?

(a) \_\_\_\_\_

(b) Fragile articles?

(b) \_\_\_\_\_

(b) Explosive or hazardous goods

(c) \_\_\_\_\_

7. State the maximum value of any one single package.

8. State the maximum limit of any one single despatch per vehicle.

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 mentained and serviced?

12. Will you use hired vehicles? if so give details

13. Will your vehicles carry a greater load than allowed by the traffic authorities?

14. Have you ever sustained loss under a Goods in Transit Policy? If so give particulars

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

(a) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Has any such proposal or renewal ever been

(b)

(i) Declined

\_\_\_\_\_

(ii) Cancelled

\_\_\_\_\_

(iii) Subjected to increased rate by an insurer or underwriter?

\_\_\_\_\_

## SECTION C: PAYMENT DETAILS

### Payment type (Please tick)

- Cash: (please pay directly pay to Chartis Kenya Insurance Co. Ltd)
- Cheque: Cheque \_\_\_\_\_ Bank: \_\_\_\_\_
- Premium Finance: (State the finance company) \_\_\_\_\_

### IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECTLY TO CHARTIS KENYA INSURANCE CO. LTD.

- Please note that all cheques must be written in favour CHARTIS KENYA INSURANCE CO. LTD. CASH must be paid direct to Chartis and appropriate receipt obtained.
- Insurance cover will commence only after payment has been receipted by CHARTIS KENYA INSURANCE CO. LTD.  
If any cheques is dishonored cover will be deemed to have inoperative with effect from inception.
- Please check that your insurance agent has a current license from the Commisioner of Insurance.

## SECTION D DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

For and on behalf of: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Corporate): Designation of Contact Person: \_\_\_\_\_

Company Stamp: \_\_\_\_\_

**SECTION E OFFICIAL USE ONLY**

Period of insurance: From \_\_\_\_\_ / \_\_\_\_\_ /20 Policy No. \_\_\_\_\_

To \_\_\_\_\_ / \_\_\_\_\_ /20 (both dates inclusive) \_\_\_\_\_

First premium \_\_\_\_\_ Stamp Duty: \_\_\_\_\_ Total \_\_\_\_\_

Name of Producer: \_\_\_\_\_ Tel: \_\_\_\_\_

IProposal status: ( Note check if all requirements are attached)

Approved: \_\_\_\_\_

Deferred: Reason: \_\_\_\_\_

Rejected: Reason: \_\_\_\_\_

Underwriters Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_