



**PROPOSAL FOR GOODS IN TRANSIT INSURANCE**

IT IS ESSENTIAL THAT EACH SECTION OF EVERY QUESTION SHOULD BE FULLY ANSWERED

Proposer's full name \_\_\_\_\_  
Full Address \_\_\_\_\_ Postal code \_\_\_\_\_ City/Town \_\_\_\_\_  
Business or Occupation \_\_\_\_\_

How long have you been in business and at what Address or Addresses? _____
1. State Districts covered in ordinary courses of business _____
2. (a) State description of goods to be carried _____ (b) Are they (1) your own, or _____ (2) goods accepted for carriage for hire and reward? _____ (c) Do you carry livestock? _____
3. What other insurances do you have with this Company? _____
4. Are you presently insured, or have you ever proposed for insurance in respect of Goods in Transit? If so, (a) With what company, and when? _____ (b) Have you ever had: I. Such a proposal declined? _____ II. Such an insurance cancelled? _____ III. A renewal refused? _____ IV. An increased rate required? _____
5. IF THE GOODS WILL NOT BE CARRIED IN YOUR OWN VEHICLE OR VEHICLES UNDER YOUR CONTROL, PLEASE STATE: (a) Maximum Insurance required in respect of any one loss Tshs. _____ (b) Estimate of total value of goods to be carried during the next 12 months Tshs. _____ (c) How will goods be carried (e.g. Haulier's Lorry, Railway Goods Trains, etc.)? _____

6. IF THE GOODS WILL BE CARRIED IN YOUR OWN VEHICLES, OR VEHICLES IN YOUR CONTROL:

(A) For what maximum amount, any one event, do you wish to be insured? Tshs.: \_\_\_\_\_

(B) I) Will each vehicle always carry an efficient fire extinguisher? \_\_\_\_\_  
If so, of what type? \_\_\_\_\_

II) Will the vehicles and/or trailers be garaged either on your own premises or elsewhere overnight while loaded? \_\_\_\_\_  
If so, please state:  
a) Maximum number likely to be garaged together:  
Vehicles \_\_\_\_\_ Trailers \_\_\_\_\_  
The address of the garage \_\_\_\_\_

III) a) Will a second man always be employed on each vehicle? \_\_\_\_\_  
b) If so, will he be instructed never to leave a loaded vehicle or trailer unattended unless garaged? \_\_\_\_\_

c) If not, what precautions will be taken when ungaraged vehicles are left unattended? \_\_\_\_\_



IV) Give the following particulars of each vehicle (including trailers): -

Make and Description of vehicle	Year of Make	Carrying Capacity in Tons.	Motor Vehicles Only			Maximum sum to be insured on each vehicle or Trailer
			Registered Letters & Numbers	Motive Power	Horse Power	

7. Give the following details of all damage or losses you have sustained during the past three years from the risks against which Insurance is now proposed:

Year	No. of Vehicles or Total Value of goods	Number of Losses	TOTAL AMOUNT OF LOSS OR DAMAGE			
			Fire Tshs.	Theft Tshs.	Other Damages Tshs.	Other Losses Tshs.

8. Do you require:

- a) Any limitations of the normal comprehensive cover? \_\_\_\_\_
- b) Any extensions of the cover as indicated under the heading Exclusions 1 and 2 overleaf? \_\_\_\_\_

**NOTE:**

The insured is required to bear the first 10% or Tshs. 500,000 of each and every loss or damage resulting otherwise than from Fire Explosion or Impact or overturning of the Vehicle.

Period of insurance from \_\_\_\_\_ to \_\_\_\_\_

I/We desire to effect an insurance with First Assurance Company Limited in the company's usual form for GOODS IN TRANSIT INSURANCE on the warranties that every vehicle and trailers described herein is in good condition and repair and suitable for the purposes for which used; that the statements in this proposal and any supplementary particulars which are or may be supplied for the purpose of this Insurance are true and complete and that nothing materially affecting the risk has been concealed.

Date \_\_\_\_\_

Proposer's Signature \_\_\_\_\_