

GOODS IN TRANSIT INSURANCE PROPOSAL FORM

Proposer's Name in Full						
Proposer's Business Address						
Trade or Business (Full Description)						
Telephone Numbers		(Home)	(Work)	(Mobile)		
Email Address			Fax			
Particulars of Work						
Period of Insurance:		From		To		
1.	How long have you been established in business					
2.	Give full details of goods to be insured					
3.	Limit any one trip					
4.	Estimated Annual Carryings of Goods					
5.	How will the goods be protected					
6.	Have you or any senior person in the Business been convicted of arson or any offence involving dishonesty (for example – fraud, theft, handling stolen Goods)?					
7.	Particulars of Vehicles (use separate sheet if necessary):					
Registration Number	Year and Make	Type of Body	Carrying Capacity	Trailers	Sum Insured of Contents per Vehicle	
8.	Have you suffered any accidents or losses (whether insured or not) during the past 3 years.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please give details of your claims and losses in respect of Goods in Transit during the past 3 years:						
Year	Total Number of Accidents/Losses	Total cost of settled claims and losses			Outstanding claims and losses	
		Fire	Accidental Damage	Theft	Number	Estimated Total Cost

9.	Are you now, or have you ever been insured in respect of Goods in Transit?	_____
	If so, please state name of Insurers	_____
a)	Has any such proposal or any renewal ever been declined or cancelled?	_____
b)	Has any increased rate been required?	_____
c)	If so, state name of the insurer and give full particulars in each case	_____

DECLARATION

I do hereby declare that the above answers and statements are true, and that I have withheld no material information regarding this Proposal. I agree that this declaration, and the answers above given, as well as any proposal or declaration or statement made in writing by me or any one acting on my behalf shall form the basis of the contract between me and Trident Insurance, and I further agree to accept the indemnity subject to the conditions in and endorsed on the Policy. I also declare that the above total represents not less than the full value of the property, as above mentioned.

Date _____

Signature of Proposer _____

Accepted by _____

Approved by _____

THE INSURANCE WILL NOT COMMENCE UNTIL THE PROPOSAL IS ACCEPTED BY TRIDENT INSURANCE AND THE FIRST PREMIUM PAID.

TRIDENT INSURANCE RESERVES THE RIGHT TO DECLINE ANY PROPOSAL