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**PROPOSAL FORM FOR GOODS-IN-TRANSIT POLICY**

NAME OF PROPOSER:

ADDRESS OF PROPOSER:

OCCUPATION OF PROPOSER: TEL. NO.

Description of Goods to be transported:

1. Loading Point: Destination:
2. Insurance Period: From: To:
3. Is this a Single or Annual transit?
4. Are you using the services of a Thirdparty to transport the goods:
5. Details of the Thirdparty:
6. Is this Thirdparty insured against accidental damage to goods being transported
7. Details of the vehicle(s) to be used to transport the goods?
8. Are Drivers of these vehicles employees of the insured?

How are goods packed during transport?

1. Which security/ safety measures are in place?

**Estimated Annual Highest Amount Any Number of Employees**

**Carriage one transit in Charge During Transit**

**Estimated no. of trips per year?**

1. Previous loss history:

11. Have you ever proposed for a similar Insurance? With which company?

**DECLARATION:** I/we declare that the above statements are true and complete and without any concealment and that they shall be the basis of the contract.

**DATE: SIGNATURE:**