



**INSURANCE COMPANY JAMAICA LIMITED**

**GOODS IN TRANSIT PROPOSAL FORM  
(HAULAGE CONTRACTORS ONLY)**

Broker	Policy No.
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Full Name of Proposer	
Full Address	

PERIOD OF INSURANCE From: \_\_\_\_\_ To: \_\_\_\_\_

1. State number of years you have been established in the haulage business \_\_\_\_\_

2. Please indicate the conditions of carriage under which you operate and show below the appropriate figure under each heading. If you also carry under the Contract for international Carriage of Goods by the Road (CMR) Conditions, please give separate figures.

Conditions of Carriage	Territorial Limits	Limit of Liability any one vehicle and trailer combined	Limit of Liability any one loss at any one location at any one time	Estimated Haulage Charges (incl. charges for conveyance of container(s))

3. If this insurance is intended to include loads carried by sub-contractors please say so. The haulage charges by sub-contractors should be included in the estimates under question 2 \_\_\_\_\_

4. Please give details of vehicles owned by you.

Type of Vehicle	Number	Details of security protections fitted	Are the security protections fitted to all vehicles?
OPEN			
CLOSED			

5. State localities in which your haulage operations normally take place \_\_\_\_\_

6. Are the vehicles regularly garaged overnight on your own premises whilst loaded? \_\_\_\_\_

7. State actual total haulage charges for conveyance of containers over the past 12 months \_\_\_\_\_

8. (a) Are you at present insured for Goods in Transit Insurance? If so, state name of Insurer \_\_\_\_\_

(b) Has any Company or Underwriter  
 (i) declined your proposal? \_\_\_\_\_  
 (ii) cancelled or refused to renew your policy? \_\_\_\_\_  
 (iii) demanded an increased premium or special conditions or insisted upon special protections? \_\_\_\_\_

9. Give particulars of all losses during the last three years:

Year	Total No. of Vehicles used during the year	Total No. of losses	Total cost of settled claims			Outstanding Claims	
			Fire	Acc. Damage	Theft	No.	Estimated Cost
20							
20							
20							

**DECLARATION**

I/WE declare that the answers in this proposal are true, that I/we have withheld no information whatever that might tend in any way to influence the Company's decision regarding this proposal and I/we undertake to exercise all ordinary and reasonable precautions for the safety of the property. I/we agree to render at the end of each period of insurance a statement in the form required by the company of the actual haulage charges during the period and to pay any additional premium required in accordance with the policy conditions. I/We agree that this proposal and declaration shall be the basis of the contract between the Company and myself/ourselves and to accept a policy subject to the usual conditions endorsed thereon and to pay the premium when called upon to do so.

**The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.**

Date \_\_\_\_\_ Signature of Proposer \_\_\_\_\_