



INSURANCECOMPANY JAMAICA LIMITED

GOODS IN TRANSIT PROPOSAL

Not applicable to Haulage Contractors

POLICY No. _____

BROKER _____

FULL NAME OF PROPOSER _____

FULL ADDRESS _____

Tel. No. _____

PERIOD OF INSURANCE From: _____ To: _____

1 State Trade or Business _____ How long established _____

2 (a) Give full description of goods carried _____

(b) Will any of the following goods be carried:

- Raw Cotton Fibres Grasses Silks Clothing Livestock
 Wine & Spirits Tobaccos Radio & TV Sets Machinery Non-Ferrous Metals

3 Particulars of Vehicles:

Make and Type of body (open or closed)	Carrying Capacity	Regn. No.	Is Fire Extinguisher carried?	Security Precautions: State make, type and parts of vehicle to which fitted	Limit on each vehicle and trailer combined

Estimated annual value in transit _____

Method of conveyance _____

Limit any one loss at any one location at any time _____

4 (a) State towns or localities where vehicles are normally used _____

(b) Give details of long distance or overnight transits _____

5 Have you or, in the case of a firm, any of your members:

(a) insured previously for Goods in Transit Insurance and if so name insurance company _____

(b) had (i) a proposal for insurance declined? _____ (ii) an insurance terminated? _____

(iii) a renewal not invited? _____ (iv) an increased premium or special conditions demanded? _____

If YES to any of the above, give full details _____

6. Give complete record of all losses during the past three years:

Year	Total No. of Vehicles used during the year	Total No. of Losses	Total Cost of Settled Claims			Outstanding Claims	
			Fire	Accidental Damage	Theft	No.	Estimated Cost

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 value in transit 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 the policy subject to the usual conditions endorsed thereon and to pay the premium when called upon to do so.

FOR OFFICE USE

SUM INSURED \$ _____
 RATE \$ _____
 FIRST PREMIUM \$ _____
 ANNUAL PREMIUM \$ _____

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 _____