

Goods In Transit Insurance Proposal Form

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **wholly for purposes unrelated to your trade, business or profession**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated.

Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **for purposes related to your trade, business or profession**, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure for Consumer and Non-Consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

IMPORTANT NOTICE TO PROSPECTIVE POLICY OWNERS

Policy owners are advised to read the policy carefully and understand the contents therein. You are encouraged to seek clarification from the insurer if necessary.

The liability of the Company does not commence until acceptance of the proposal has been intimated by the Company or official cover note has been issued.

All questions must be answered by the proposer and appropriately marked where applicable.

DETAILS OF PROPOSER

Name of Proposer (in block letters)																						
Company No.																						
Postal Address																						
Postcode				State																		
Telephone No.	-			Fax No.	-																	
Mobile No.	-			Email																		
Business / Occupation																						
Period of Insurance	From	D	D	-	M	M	-	Y	Y	Y	Y	To	D	D	-	M	M	-	Y	Y	Y	Y

DETAILS OF RISK TO BE INSURED

1. Please detail the nature of the goods to be insured.	
2. Please provide details of all your own vehicles.	

Item Number	Make and Description of Vehicle	Regd Letter and No.	Motive Power	Carrying Capacity of Vehicle	Year of Make	No. of Trailers	Carrying Capacity of Each Trailer	Value of Goods Each Carrying	
								VEHICLE	TRAILER(S)
1.									
2.									
3.									

Please attach separate sheet if space is insufficient.



3. Please provide details of: (a) the estimated aggregate value of goods despatched (i) at owner's risk (ii) at carrier's risk (b) the maximum value of any one consignment/location (c) the Conditions of Carriage applicable to goods sent by contractor's vehicles (briefly)	<table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">Previous 12 months</td> <td style="width:50%; text-align:center;">Estimated for next 12 months</td> </tr> <tr> <td>(a)</td> <td></td> </tr> <tr> <td>(i)</td> <td></td> </tr> <tr> <td>(ii)</td> <td></td> </tr> <tr> <td>(b)</td> <td></td> </tr> <tr> <td>(c) (This will be the limit in the Policy)</td> <td></td> </tr> </table>	Previous 12 months	Estimated for next 12 months	(a)		(i)		(ii)		(b)		(c) (This will be the limit in the Policy)	
Previous 12 months	Estimated for next 12 months												
(a)													
(i)													
(ii)													
(b)													
(c) (This will be the limit in the Policy)													
4. If goods are temporarily housed overnight whether on or off vehicle state:- Whether loaded vehicles are parked in the open. If so, the precautions taken to prevent loss or damage.													
5. If your own vehicles are used, please state whether:- (a) the vehicles are used for local or long distances (specify towns and locations where you mainly operate) (b) the vehicles are fitted with closed bodies. If not, what precautions are taken to protect the load? (c) all vehicles will be loaded by your employees (d) the vehicles are left loaded and unattended (i) overnight (ii) at other times If so, what arrangements do you make for garaging and safe custody? (e) all vehicles are fitted with immobilisers, alarms or other security devices. If not, are any vehicles so fitted? (f) any of your drivers have ever had their licences suspended or endorsed? (g) the vehicles carry fire extinguishers If so, please state make.	(a) (b) <input type="checkbox"/> Yes <input type="checkbox"/> No (c) <input type="checkbox"/> Yes <input type="checkbox"/> No (d) (i) <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No (e) <input type="checkbox"/> Yes <input type="checkbox"/> No (f) <input type="checkbox"/> Yes <input type="checkbox"/> No (g) <input type="checkbox"/> Yes <input type="checkbox"/> No												
6. Has any insurance company ever (a) declined your proposal? (b) refused to renew your policy? (c) cancelled your policy? (d) required an increased rate or imposed special terms on renewal? If so, please give full particulars.	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (b) <input type="checkbox"/> Yes <input type="checkbox"/> No (c) <input type="checkbox"/> Yes <input type="checkbox"/> No (d) <input type="checkbox"/> Yes <input type="checkbox"/> No												
7. Please state complete record of loss or destruction of or damage to Goods in Transit during the past 3 years :-													

Year	Number of vehicles used or aggregate value of goods sent	Total No. of claims	COST OF SETTLED CLAIMS						OUTSTANDING CLAIMS					
			FIRE		ACCIDENTAL DAMAGE		THEFT		FIRE		ACCIDENTAL DAMAGE		THEFT	
			No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
20.....														
20.....														
20.....														

The Company Issues Policies which provide cover in respect of loss of or damage or destruction to property caused by :-

FIRE, THEFT OR ACCIDENTAL MEANS

Whilst in transit by road or rail and whilst temporarily housed in the ordinary course of transit.
Terms, which vary according to the individual circumstances of the risk, will be quoted on receipt of a completed proposal form. Full details of the policy will be supplied upon request.

PREMIUM WARRANTY
It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this Policy/Endorsement/Renewal Certificate.
If this condition is not complied with then this contract is automatically cancelled and the Insurer shall be entitled to the pro rata premium for the period they have been on risk.
Where the premium payable pursuant to this warranty is received by an authorised agent of the Insurer, the payment shall be deemed to be received by the Insurer for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the Insurer.
Subject otherwise to the terms and conditions of this Policy.

DECLARATION
I/We hereby declare that I/We have fully and accurately answered the questions in this Proposal Form.
I/We agree that this statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract. It is agreed that the basis of contract shall not apply to individuals applying for this insurance wholly for purposes unrelated to his trade, business or profession

Date - -

Signature of Proposer/Company's Chop