

AGENT/BROKER/DIRECT COVER NOTE NO.

PROPOSAL NO. POLICY NO.

1. Name of Proposer(s) in full
2. Postal address Postal code
 Telephone - Office House Mobile
 ID No./Certificate of Incorporation PIN No.
 Fax Email
3. Nature of business
4. Period of indemnity required from to
5. State the nature of property for which insurance is required
6. State the method of packing and materials used
7. State the mode of transport i.e. whether by rail, road, carrier, post or own vehicles
8. Are goods carried at owner's or carrier's risk?
9. Number of vehicles involved and their specification

Registration no.	Make	Limit in respect of one load
(a) _____	_____	KShs. _____
(b) _____	_____	KShs. _____
(c) _____	_____	KShs. _____
(d) _____	_____	KShs. _____
		Total: KShs. _____

(if more, use a separate sheet)

10. State the extent of the journey
11. State the approximate total value of goods dispatched in the course of a year
12. State
 - (a) the amount for which the Policy is required
 - (b) the amount of indemnity required in respect of any one loss

SUPPLEMENTARY QUESTIONNAIRE - GOODS-IN-TRANSIT INSURANCE

Supplementary to and forming part of Insurance Proposal of

1. Name of driver in full Age

Postal address Postal code

2. Length of service with you

Give period of his/her experience driving the following types of vehicles:

Heavy lorries (over 5 tonnes) Omnibuses

Light lorries (under 5 tonnes) Motor cars

3. Driving license no. issued at

on to drive vehicles of class

Current renewal no. Date of expiry

State any endorsements on license

P.S.V. license no. issued at

on Date of expiry

4. Has the driver
(a) defective vision or hearing or any other physical or mental infirmity? Yes No

If so, state name and other details

(b) now or within the last 5 years suffered diabetes, fits or any complaints of the heart? Yes No

If so, state name of illness and other details

5. (a) Has the driver been charged during the past 5 years with any of the following offenses:
(i) Speeding Yes No

(ii) Careless or dangerous driving Yes No

If 'Yes' to either, give full details

(b) Has the driver whilst driving been involved in an accident caused by his/her losing control of the vehicle? Yes
No

If 'Yes' to either, give full details

6. Is he/she now or has he/she been insured in respect of any motor vehicle? Yes No

If so, state name of insurer and Policy details

7. Has any company or insurer ever
(a) declined his/her policy proposal? Yes No

(b) required special terms? Yes No

(c) cancelled or refused to renew his/her insurance? Yes No

(d) required an increased premium on renewal? Yes No

If 'Yes' to any of the above, give details

8. Give details of all accidents/losses during the past 36 months

	Total no. of vehicles driven	Total no. of accidents/losses	Nature of accident		
			Own damage	T.P. Property	T.P. Injury
Past 12 months					
Preceding 12 months					
The next preceding 12 months					

9. What schemes or incentives have you introduced to promote safe driving among your drivers?

DECLARATION

I/We hereby warrant that the above particulars and statements are true.

Date _____ Signature of Proposer _____