

GOODS-IN -TRANSIT PROPOSAL FORM

AGI	ENT/BROKER/DIRECT	COVER NOT	E NO.			
PRC	PROPOSAL NO. POLICY NO.					
1.	Name of Proposer(s) in full					
2.	Postal address		Postal co	ode		
	Telephone - Office House		Mok	pile		
	ID No./Certificate of Incorporation] PIN No.			
	Fax Email					
3.	Nature of business					
4.	Period of indemnity required from day/month/year	to	day/month/year			
5.	State the nature of property for which insurance is required	d				
6.	State the method of packing and materials used					
7.	State the mode of transport i.e. whether by rail, road, car					
8.	Are goods carried at owner's or carrier's risk?					
9.	Number of vehicles involved and their specification					
	Registration no. Mak	xe .		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 c	year <i>KSI</i>	95.		
12.	State					
	(a) the amount for which the Policy is required KShs.					
	(b) the amount of indemnity required in respect of any one	loss KShs.				

(a) declined to in (b) required spec (c) cancelled or		y Goods-in-Transit Insurance ever	Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □
If 'Yes' to any of	the above, give details		
4. State the value	of goods dispatched and ar	nount of loss and damage sustained	d during the last 3 years.
Year	Value of goods dispatched	Total number of losses	Amount of loss and damage
e liability of Jubilee id.	e General Insurance Limited o	does not commence until the propos	cal has been accepted and the premiu
ECLARATION declare that to the k is Proposal shall be mited's Policy.	pest of my knowledge and be the basis of a contract of i	elief all the foregoing statements ar nsurance to be expressed in the us	nd particulars are true, and I agree the sual terms of Jubilee General Insuranc
ate	Signat	ure of Proposer	

SUPPLEMENTARY QUESTIONNAIRE - GOODS-IN-TRANSIT INSURANCE

	Supplementary to and forming part of Insurance Propo	osal 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	ng types of veh	icles:		
	Heavy Iorries (over 5 tonnes)		Omnibuses		
	Light lorries (under 5 tonnes)		Motor cars		
3.	Driving license no.	issued at			
	on	to drive vehi	cles of class		
	Current renewal no.	Date	e of expiry day/month/year		
	State any endorsements on license				
	P.S.V. license no	issue	ed at		
	on	Date	e of expiry day/month/year		
4.	Has the driver (a) defective vision or hearing or any other physical or	r mental infirmit	λŝ	Yes	□ No □
	If so, state name and other details				
	(b) now or within the last 5 years suffered diabetes, fit	ts or any comp	laints of the heart?	Yes	
	If so, state name of illness and other details	, ,			
5.	(a) Has the driver been charged during the past 5 years (i) Speeding	ars with any of	the following offenses:	Yes	□ No □
	(ii) Careless or dangerous driving			Yes	
	If 'Yes' to either, give full details				
	(b) Has the driver whilst driving been involved in an acc	cident caused b	by his/her losing control of	the vehicle?	☐ Yes ☐
	If 'Yes' to either, give full details				
6.	Is he/she now or has he/she been insured in respect	of any motor v	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	
	(b) required special terms?			Yes	
	(c) cancelled or refused to renew his/her insurance?			Yes	
	(d) required an increased premium on renewal?			Yes	
	If 'Yes' to any of the above, give details				

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

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