

GOODS IN TRANSIT BY ROAD INSURANCE PROPOSAL FORM

1. Full name of proposer:

2. Address :

Tel. No. _____ Fax No. _____ E-mail No. _____

3. State your business occupation :

4. Nature of Goods

5. Where goods are conveyed by vehicles belonging to or controlled by you, state:

Registration Marks of Vehicle.	Sum Insured per vehicle	per trailer

N.B. THE SUMS INSURED SHOULD BE REVIEWED EVERY TO CHECK THEIR ADEQUACY

6. Will all carrying be restricted to your own vehicles ?

YES / NO.

If 'NO', i.e. contractors are employed, state:

(a) maximum value of any one consignment

US \$ _____

(b) maximum value of property in any one vehicle

US \$ _____

(c) estimated total value of property in transit in the year

US \$ _____

7. State localities where vehicles will be used

8. Are your own loaded vehicles garaged overnight ? YES / NO, If 'YES' state:

(a) maximum number garaged in any one building

(b) address of the building

9. Are the vehicles fitted with alarms or immobilizers ? YES / NO.
If 'NO' state the precautions taken to protect property when vehicles are left unattended _____

10. State cover required by ticking the appropriate box below :
Fire & Theft Only All Risks
11. Have you ever applied or been insured for Goods in Transit insurance? YES / NO.
12. Please state the name of present
(a) motor insurer if you use your own vehicles for the transits _____

(b) insurer for other Accident insurances _____

13. Have you ever made a claim for, or suffered loss by, fire, theft or accidental loss or damage? YES / NO.
If 'YES' please give details _____

Please complete the declaration below:

Declaration: to be read, signed and dated by the proposer

I / We declare that :

I am / We are not at present insured with this or any other Insurer for the insurance now proposed.
No Insurer has ever cancelled or refused to renew any insurance or declined to insure me / us or required special terms.

If any of these statements do not apply to you, please give brief reasons here :

To the best of my / our knowledge and belief the answers given in this proposal are true and complete and if any answers has been given by any person than myself / ourselves that person shall be my / our agent for that purpose.

No material fact has been omitted.

I / We agree that this proposal and declaration shall be the basis of the contract between me / us and **Arabia Insurance Company (s.a.l.)**

I / We will accept a policy in the form issued by the Society for the insurance now proposed.

Date :

Signature

N.B. Your insurance does not start until cover has been confirmed by the Company