

# PROPOSAL FOR GOODS-IN-TRANSIT INSURANCE (OWN GOODS)

## AGENT / BROKER / BRANCH

|          |  |
|----------|--|
| Name     |  |
| Code No. |  |

Please note that no cover is in force until confirmed in writing by the Company and the premium paid.  
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

### GENERAL INFORMATION

|    |  |                |  |                  |  |
|----|--|----------------|--|------------------|--|
| 1. | Full name of proposer(s) including Trading Name (if any) |                |  |                  |  |
| 2. | Postal Address   | .....<br>..... |  |                  |  |
| 3. | Telephone/Fax Nos./E-mail                                | Home Telephone |  | Office Telephone |  |
|    |  | E-mail         |  | Fax              |  |
| 4. | Full description of business, trade or occupation        |                |  |                  |  |
| 5. | Description of goods to be insured                       |                |  |                  |  |
| 6. | Details of packing                                       |                |  |                  |  |
| 7. | (a) Details of voyage                                    |                |  |                  |  |
|    | (b) Mode of Transit                                      |                |  |                  |  |

|     |   |                      |                          |                          |
|-----|---|----------------------|--------------------------|--------------------------|
| 8.  | Policy to commence on   | Day                  | Month                    | Year                     |
|     |   | <input type="text"/> | <input type="text"/>     | <input type="text"/>     |
|     | Policy to be renewed on   | <input type="text"/> | <input type="text"/>     | <input type="text"/>     |
| 9.  | How long have you been in business ?  | <input type="text"/> | Years                    |                          |
| 10. | In respect of the cover to which this proposal relates :  |                      |                          |                          |
|     | (a) has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?<br>If "Yes" give details |                      | <input type="checkbox"/> | <input type="checkbox"/> |

(b) Have any accidents, losses or claims arisen in respect of the perils insured against whether previously insured or not? Yes  No   
 If "Yes" please provide details.

| Date of Occurrence | Details of Loss | Amount Involved |
|--------------------|-----------------|-----------------|
| .....              | .....           | .....           |
| .....              | .....           | .....           |

11. Estimated total value of goods that will be despatched during any one year

12. Basis of valuation: Cost  % plus incidentals & profit  %

13. Maximum value of goods consigned per any one despatch

14. Scope of Insurance Cover Required. Clause A  B  C   
 SRCC Clause

Other

15. Is storage cover required? Yes  No   
 If 'Yes', maximum period of storage per consignment for which cover is required  days

**Very Important**

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

**DECLARATION**

I/we declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

Signature : .....

**FOR OFFICE USE**

|                  |  |               |  |                    |  |
|------------------|--|---------------|--|--------------------|--|
| Rated By         |  | Processed By  |  | Credit Approved By |  |
| Rate Approved By |  | Authorised By |  | Authorised Date    |  |