

GOODS IN TRANSIT PROPOSAL FORM

SUMMARY OF COVER

The Goods are covered against loss of or damage by any accident or misfortune whilst in Transit in/on any Conveyance specified in the Schedule, within the Territorial Limits, including the loading and unloading of such Goods onto or from any Conveyance for the purpose of such Transit except as excluded in the Policy.

For the purpose of this insurance Goods are defined as any business goods owned by you or for which you are responsible but EXCLUDING:

1. (a) banknotes, currency notes, money, securities, stamps, promissory notes, cheques, deeds and bonds
(b) documents, manuscripts, patterns, models, moulds, plans and designs
(c) explosives and fireworks
(d) livestock
(e) containers designed for use with container Conveyances
2. bullion, jewellery, watches, precious stones, articles of gold, silver or other precious metal and furs.
3. glass (breakage), earthenware, china, marble or other brittle articles, clocks, scientific instruments, pictures, works of art, curios and the like.

IMPORTANT NOTE

The Limit of Liability for each Transit must be sufficient to represent the total value of the Goods in Transit as the Policy is subject to the following Average Condition:

AVERAGE CONDITION

If at the time of any loss or damage the total value of the insured Goods on the Conveyance carrying it shall be greater than the Limit of Liability in respect of Goods contained in/on such Conveyance then you will be considered your own insurer for the difference and shall bear a rateable share of the loss or damage accordingly.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE USE BLOCK LETTERS

Names of Proposer (s)/Company _____

Date of Birth (individual) _____ mm/dd/yy Marital Status (individual) _____

Profession/Business _____

Postal Address _____

Business Address (if different from above) _____

Email _____

Telephone Nos. Home _____ Office _____ Cell _____

1. Do you have any policies in force with us? YES NO

If 'YES', please give details

2. How long have you been established in the Business

(a) at your present address? _____ (b) elsewhere? _____

3. Have you or any senior person in the Business been convicted of arson or any offence involving dishonesty (for example – fraud, theft, or handling stolen Goods)? YES NO

If 'YES', please give details

4. Have you or anyone with a financial interest in the goods to be insured ever had an insurer:

(a) decline your proposal? YES NO

(b) increase your premium? YES NO

(c) increase your excess? YES NO

(d) refuse to renew your policy? YES NO

(e) cancel your policy? YES NO

If 'YES' to any of these, please state the reasons together with the name(s) of insurer(s) _____

5. Period of Insurance from _____ mm/dd/yy to _____ mm/dd/yy

6. Describe the nature of the Goods to be carried _____

7. Please indicate the following:

- (a) The Estimated Annual Value of Goods Carried \$ _____
- (b) Maximum Value of Goods carried in any one vehicle \$ _____

8. Will you carry any of the following?

			Estimated Annual Value	Maximum Value any one Vehicle
(a) alcoholic beverages	YES	NO	\$ _____	\$ _____
(b) tobacco	YES	NO	\$ _____	\$ _____
(c) computer/electronic equipment	YES	NO	\$ _____	\$ _____
(d) cellphones	YES	NO	\$ _____	\$ _____

If 'YES' to any of the questions (a) to (d) please state against each, the amount in respect of the Estimated Annual Value and the Maximum Value in any one vehicle.

9. Do you carry goods in open-sided vehicles? YES NO

10. Do you carry goods for others? YES NO

If 'YES', please give details _____

11. Would the Conveyance be loaded with goods overnight? YES NO

If 'YES', would the conveyance be located at:

(a) your Business Premises YES NO

If 'NO', please give details of location/s _____

12. Have you sustained any loss or damage in the last three (3) years? YES NO

If 'YES', please give details

Year	Goods	Cause of Loss/Damage	Amount of Loss/Claim

13. Give details of the Conveyances owned or hired by you in connection with the business which will be used to carry the Goods:

Registration No.	Make and Model of Vehicle	Carrying Capacity	Maximum Value of Goods per Vehicle	Present Insurers of Vehicle

DECLARATION

I/We wish to effect an insurance with Guardian General Insurance Limited on the Terms Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented mis-stated suppressed or withheld. I/We agree that this Proposal and Declaration shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy to be issued.

Date _____
mm/dd/yy

Proposer's Signature _____