

8. (a) Do you require War & S.R. C.C. risk ☐ Yes ☐ No

(b) Cover required: (i) all risks (ii) Fire only

(iii) accidental Damage only (iv) Any other combination of risks

9. Do you wish to opt for excess under marine/transit losses. How much?

☐ Yes

☐ No

10. If you send goods by your own vehicles please state

(a) whether loaded vehicles are ever left unattended and if so, what precautions are taken

(a)

(b) what is the maximum value of goods garaged on route in any one building

(b)

11. Give particulars of all losses or damage during the past five years:-

Date of loss or damage	Nature of goods involved	Amount	Method of transit	Circumstance in brief

12. Has any Company or Insurer in respect of any of the Risk to which this proposal applies

(name of all Companies or Insurers to be given)

(a) declined to insure you?

(a)

(b) required special terms to insure you?

(b)

(c) cancelled or refused to renew your insurance?

(c)

(d) increased your premium or renewal?

(d)

I warrant that the above statements are true, and that I have not withheld or concealed anything affecting the proposed insurance, and I agree that this proposal shall be the basis of the contract between me and the Company. I agree also to accept the Company's policy applicable to the insurance.

Date:

Signature:

The Company shall not be on risk and have no liability unless this proposal has been accepted by a duly authorised official, the premium paid and the issue of the policy or a duly authorised cover note by the company.

AGENT'S RECOMMENDATION

I have known the Proposer for Years
and recommend acceptance for the Proposal

Agent:

Liability does not commence until acceptance of the Proposal has been intimated or official cover note issue

FOR OFFICE USE

POLICY NO.	PERIOD	PREMIUM
.....	FROM:	ANNUAL:
.....	TO:	FIRST:

IMPORTANT NOTICE

- . A specimen copy of the policy form and other terms applicable to the risk are available on request
- . The policy holder shall keep a record of all the information including copies of letters supplied to the company for the purpose of entering into the contract.
- . Copy of the proposal form will be supplied on request after its completion.

I have known the insured forand I hereby
recommend acceptance of the business.

For Agent/Marketing Officer

Signature & Date.