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**Goods in Transit Insurance Proposal form**

**Completing the Proposal form**

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms proposer, whenever used in this proposal form shall mean the policyholder listed and all subsidiary companies of the policyholder for which coverage is proposed under this proposal.
4. The terms policyholder and subsidiaries have the same meaning in this proposal form as in the policy.

**1 Proposer**

Name Address

Postcode

Name of any other interested party

Type of business

How many years has the business been in operation?

**2 Period of cover required**

From 12pm

/

/

To

/

/

**3 Goods to be insured**

Please provide details of goods

How are the goods packed?

Will the goods be carried in your own vehicles?

Yes

No

If ‘Yes’, please advise number of vehicles used

Maximum value of goods in any one owned vehicle

$

Will vehicle/s be left loaded overnight?

Yes

No

If ‘Yes’, please provide details

|  |  |
| --- | --- |
| **Estimated annual value of insured goods** | **Value** |
| Sales | $ |
| Purchases | $ |
| Stock transfers | $ |
| Return in | $ |
| Return out | $ |
| **Total estimate for proposed period** | **$ 0** |

**4 Radius of transit**

Please advise usual area of transit where cover is required

Please provide details of any other areas where cover is required

What is the usual method of transit?

$

$

**5 Proposed sums insured**

Maximum sum insured any one conveyance

Maximum sum insured any one event or occurrence

**6 Cover**

**Cover A (full cover)**

**Cover B (limited cover)**

Do you require any extensions? Yes

No

If ‘Yes’, please provide details

Is an excess required?

Yes

No

If ‘Yes’, please provide details

$

**7 Claims experience**

Please provide claims history covering the last three years

Please provide details of any action you have undertaken to reduce claims

Please indicate 4 cover required

|  |  |  |  |
| --- | --- | --- | --- |
| **Claims details** | **Year** | **Year** | **Year** |
| Value of goods insured | $ | $ | $ |
| Value of claims paid | $ | $ | $ |
| Value of claims outstanding | $ | $ | $ |
| Number of claims |  |  |  |

**8 Prior insurance**

Name of your current or prior insurer and due date for renewal

Date

/

/

Has any insurer ever declined insurance or imposed special conditions?

Yes

No

If ’Yes’, please provide details

Has any insurer ever cancelled or refused to renew your insurance?

Yes

No

If ’Yes’, please provide details

Name of proposer (print)

Signature of proposer

Date

/

/

**9 Declaration**

I/We authorize Iran Insurance Company to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

**No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Iran Insurance Company.**

|  |
| --- |
| **Office use only** |
| Intermediary | Premium$ | Agent No. |
| Special Conditions |

Goods in Transit Proposal

Print Form

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