



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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GOODS IN TRANSIT PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

1. Name of the proposer (In full)

Postal Address

P.O Box:

Code:

Town:

Telephone Contact

Email Address

Nature of Business

PIN No.

(Attach Copy)

ID/Passport Number (Individual)

(Attach Copy)

Certificate of Incorporation
(Corporate)

(Attach copy)

Period of Insurance

From:

To:

DETAILS OF RISK

1. How long have you been in business
and at what address or addresses?

2. State Regions covered on ordinary
course of business

3. (a) Give a brief description of goods to
be carried

(b) Will you be carrying your own
goods?

☐

YES

☐

NO

(c) If the answer to (b) is no, will you be
carrying goods belonging to other
parties

☐

YES

☐

NO

(d) Are you engaged in general cartage
business?

☐

YES

☐

NO

4. How will goods be carried (e.g. Own vehicles, Haulier's lorry & Railways Goods Train)

If the goods will be carried on own vehicles:

i) Will the vehicle and/or trailers be garaged either on your own premises or elsewhere overnight while loaded? ☐ YES ☐ NO
If so, please state

(a) Maximum number of vehicles likely to be garaged together:

Vehicles:

Trailers:

(b) The address of such garage:

(ii) (a) Will a turn boy accompany or be employed on each vehicle? ☐ YES ☐ NO

(b) Will the driver and turn-boy be instructed never to leave a loaded vehicle or trailer unattended unless garaged? ☐ YES ☐ NO

(c) What precautions will be taken if the vehicle is ungaraged?

(iii) Give the following particulars of each vehicle [including trailers]

Make and Description of Vehicle	Year of Manufacture	Carrying capacity in cwts	MOTOR VEHICLE ONLY			Maximum sum to be Insured on each vehicle or trailer
			Registered Letters & Numbers	Motive Power	Horse Power	

LIMITS OF COVER REQUIRED

1. Please state:

- (a) Maximum Insurance required in respect of any one vehicle or transit Kshs. _____
- (b) Estimate of total value of goods to be carried for the next 12 months Kshs. _____
- (c) Basis of Valuation of goods: Invoice value Kshs. _____

PARTICULARS OF INSURANCE

1. What other insurance do you have with the Company? _____

2. Are you at present insured or have you ever proposed for insurance in respect of Goods in Transit? ☐ YES ☐ NO

If yes:

a) With what Company and when? _____

b) Have you ever had

(i) Such a proposal declined? ☐ YES ☐ NO

(ii) Such Insurance cancelled? ☐ YES ☐ NO

(iii) A renewal refused? ☐ YES ☐ NO

(iv) An increased rate required? ☐ YES ☐ NO

If the answer to any of the above is yes, please give details

CLAIMS EXPERIENCE

1. Give the following details of all damages or losses you have sustained during the past three years from the risks against which Insurance is now proposed:

Year	No. of Vehicles or Total value of goods	Number of Losses	TOTAL AMOUNT OF LOSS OR DAMAGE			
			Fire Shs.	Theft Shs.	Other Loss	Other Damage Shs.

NOTE:

1. The Insured is required to bear the first 10% minimum Kshs.20, 000/=, of each and every loss or damage to goods.
2. If the premium is charged on an estimated annual carry then as per the declaration condition, you are required to declare the actual goods in transit figures upon expiry of the period of insurance within the next 30 days, to enable us adjust the deposit premium charged.

Declaration

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.

Executed at this

day

of 20

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP

SIGNATURE

DATE