

HAULIERS LIABILITY INSURANCE PROPOSAL FORM

A. GENERAL INFORMATION

Name of the Company to be Insured	:
Address	Principal Address Wasel Address Landline/Mobile/Fax Email address Commercial registration no.
Number of Years in Business	:
Other Offices	:
Period of Insurance	12 months from: To:

B. TERRITORIAL LIMITS

Countries for which cover is required	:
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C. CONDITIONS OF CARRIAGE

Please state under which conditions of carriage you operate for:

(a) Domestic Operations	:
(b) Other Middle East Operations	:
(c) European Operations	:

Note: Copies of all standard license of destinations for which cover is required must accompany this application.

D. GROSS HAULAGE CHARGES (SAR):

Please state your Annual Gross Haulage Charges (the total turnover for transport operations and warehousing) including Sea Freight but excluding customs duties and the taxes paid on behalf of any principal.	
(a) Estimated charges - current year:	
(a) Estimated charges - next year	:

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السعودي المركزي البنك قبل من والرقابة للإشراف تخضع ، التأمين نشاط في تعمل مساهمة سعودية شركة

A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

تمريض مليون 300 المال رأس 7001727200 م.ج. 20129/33 ن ت م رقم السعودي المركزي البنك تصريح SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

الإدارة العامة / الرياض 643 ب.ص: الرياض 11421 هاتف 920008424 فاكس 966.11.2129444

Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

21 الدور ، الثاني العلود برج العليا فهد الملك طريق 9033 :العامة الإدارة : الوطني العنوان / السعودية العربية المملكة 12214 الرياض

National Address: Head Office: 9033, Al Anoud Building, Tower 2 , 21st floor, King Fahd Rd, Al Olaya, Riyadh 12214 , Saudi Arabia

(a) Estimated charges - last year :

Please provide a breakdown of (a) above to estimated percentage,

Operations	Domestic	International
(i) Using own vehicles		
(ii) Using sub-Contractors vehicles.		
	Own Warehouse	Sub-Contractors W/Hse.
(iii) Acting as a warehouse-keeper		

E. VEHICLE INFORMATION

Please give details of number of vehicles & average age of the fleet:

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F. LIMITS OF LIABILITY

Please State the maximum limits of liability required.

a) Any One Vehicle / Trailer	SAR	
b) Any One Location/Loss	SAR	

G. GOODS CARRIED

Please give details of principal goods carried and/or stored:

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If any of the following goods are carried / stored, please state the estimated percentage of turnover applicable and the annual/maximum values carried.

TYPE OF GOODS LIMIT (SAR)	% TURNOVER	Costs and Expenses
1. High Value Cargo		

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Jewellery, Works of Art, Bullion)	
2. Project Cargo	
3. Refrigerated or Temperature controlled cargo	
4. Livestock/Bloodstock	
5. Goods of Dangerous Nature	
6. Bulk Cargo (Cement, Grain, etc.)	
7.	
8.	

H. CLAIMS HISTORY

Please State the number and total amounts of all paid and pending claims made against you (whether you have been insured or not) during the past 5 years.

YEAR	CLAIMS PAID	CLAIMS PENDING

I. EXISTING INSURANCE

Please provide:

1) Name & Address of Current Insurer
2) Amount of Excess applying to present insurance
3) Expiry Date of present insurance.

J. OTHER INFORMATION

Please State any other material information, which may be considered relevant to this application including loss experience for the last five years.

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Were you denied insurance by any insurance company in the past or was your policy cancelled by any insurance company or denied renewal?

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Are there any material facts you want to declare?

Material Facts

Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.

SIGNED: -----

DATED: -----

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