

## **GOODS IN TRANSIT INSURANCE**

## **PROPOSAL FORM**

**Postal Address:** P. O. Box \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Age (where applicable):** \_\_\_\_\_

**Description of property:** \_\_\_\_\_

### **Mode of Conveyance:**

### **Territorial limits:**

## **Limit of Liability**

- In respect of one consignment: Kshs \_\_\_\_\_
  - In respect of any year of insurance: Kshs \_\_\_\_\_
  - Estimated annual carry: Kshs \_\_\_\_\_

**If cover is required on specified vehicles, please complete the schedule below:**

## Vehicles

## Trailers

Make & Description of Vehicle	Carrying capacity (tonnage)	Sum Insured	Make & Description of Trailer	Reg. Number
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### **C. INSURANCE / LOSS HISTORY**

Are you now or have you been insured for this type of Insurance?

Yes  No

If yes, please give:

<b>Year/s</b>	<b>Cause of loss</b>	<b>Details of each loss</b>	<b>Amount paid</b>

**What precautions do you now engage to avoid recurrence of such claim(s)?**

Has any Insurance Company ever:

- a) Cancelled your Policy?  Yes  No
- b) Declined to Insure you?  Yes  No
- c) Declined to renew your policy?  Yes  No
- d) Imposed any special terms?  Yes  No

If the answer for any of the above is **YES**, please give details:

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### **Credit Reference Bureau**

I confirm that I have authorized **Galloways** to share my credit information, and to access my credit profile from Credit Reference Bureau.

### **Premium Payment**

All premiums shall be paid directly to **Galloways**. **Galloways** will not assume the risk proposed for, unless and until the full premium payable is received by them.

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## **CONSENT**

I ALLOW YOU TO USE THE DATA I HAVE SUPPLIED LIMITED FOR THE PURPOSE OF PROCESSING INSURANCE

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- YES
  - NO
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## **DECLARATION**

We warrant that all the above statements and particulars are true and we hereby agree that this declaration shall be held to be promissory and shall form the basis of the contract between us and **Galloways**. We are willing to accept the policy subject to the terms, exceptions and conditions prescribed by the company therein.

**SIGNATURE AND STAMP OF PROPOSER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_