



TRIDENT INSURANCE COMPANY LIMITED

**PROPOSAL FORM
GOODS INTRANSIT INSURANCE**

Cover: This policy provides cover against loss and/or damage to property insured whilst in transit including any period of loading and/or unloading

Proposer's Name in full

Proposer's Business Address

Trade or Business (Full description)

Telephone (W).....(M)..... Email Address.....Fax.....

Particulars of work

Period of Insurance: From..... To

1. How Long have you been established in business

2. Give full details of goods to be insured

.....

.....

3. Limit any one trip

4. Estimated Annual Carryings of Goods:.....

5. How will the goods be protected

6. Have you or any senior person in the Business been convicted of arson or any offence involving dishonesty (for example – fraud, theft, or handling stolen Goods)?

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7. Particulars of Vehicles (use separate sheet if necessary):

Registration Number	Year and Make	Type of Body	Carrying Capacity	Trailers	Sum Insured of Contents per vehicle

8. Have you suffered any accidents or losses (whether insured or not) during the past 3 years.

.....

If 'YES' please give details of your claims and losses in respect of Goods in Transit during the past 3 years

Year	T Total number of accidents/losses	Total cost of settled claims and losses			Outstanding claims and losses	
		Fire	Accidental Damage	Theft	No	Estimated Total Cost

9. Are you now, or have you ever been insured in respect of Goods in Transit?.....

If so, please state name of Insurers:

- a) Has any such proposal or any renewal ever been declined or cancelled?
- b) Has any increased rate been required?.....
- c) If so, state name of the insurer and give full particulars in each case

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DECLARATION: I/We warrant that the above statements and particulars, which I/We have read over and checked, are true and I/We hereby agree that this Declaration shall be held to be promissory and shall form the basis of the Contract between Me/Us and Trident Insurance Company Limited, and I/We undertake that the Vehicle or Vehicles to be insured shall not be driven by any person who to My/Our knowledge has been refused any motor vehicle insurance or continuance thereof, and I/We hereby apply for and agree to accept a Policy as designated above subject to the terms, exceptions and conditions prescribed by the INSURERS therein.

Date Signature of Proposer

Accepted by:..... Approved by:.....

THE INSURANCE WILL NOT COMMENCE UNTIL THE PROPOSAL IS ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID.

Trident Insurance Financial Centre,
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E-mail: trident@tridentins.com

The Symbol of Protection

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY PROPOSAL