

PROPOSAL FOR INSURANCE OF GOODS IN TRANSIT

ANCHOR INSURANCE COMPANY LIMITED

(hereinafter called the "Insurers")

Period of Insurance From _____ To _____

1. Name of Proposer *(in full)* _____
 Address *(in full)* _____
 Trade of Business _____
 Telephone No _____ E-Mail Address _____

PLEASE USE BLOCK CAPITALS

2. Please detail the nature of the goods to be Insured.

3. If cover is required on SPECIFIED VEHICLES (Scheme 1), please complete the following Schedule:

Make and description of vehicle	Regd. Letter and No.	Motive Power	Carrying Capacity Of Vehicle	Year of Make	No. of Trailers	Carrying Capacity of each Trailer	Sums Insured on Goods	
							Vehicle	Trailer(s)

4. Have you any vehicles other than those mentioned in the above Schedule?

5. If a Declaration Policy is required (Scheme 2) please state:-

(a) the estimated aggregate value of goods which will be sent during the next 12 months	...	(a)
... ..		(i)
(i) by rail at owner's risk	...	(ii)
... ..		(iii)
(ii) by rail at carrier's risk	...	(iv)
... ..		(b)
(iii) by road in vehicles owned by contractors	...	(c)
(iv) by road in proposer's own vehicles	...	
... ..		
(b) the maximum value of any one consignment	...	
... ..		
(c) the Conditions of Carriage applicable to goods sent by contractor's vehicles (briefly)	...	
... ..		

6. If cover is required for a Single Transit (Scheme 3) please give details of journey

<p>7. If your own vehicles are used, please state:-</p> <p>(a) Towns and localities where vehicles will be used</p> <p>(b) If the vehicles are not fitted with closed bodies, what precautions are taken to protect the load?</p> <p>(c) If all vehicles are fitted with immobilisers, alarms or other security devices? If not, are any vehicles so fitted?</p> <p>(d) Does the driver or an attendant remain with a loaded vehicle at all times when it is not within securely locked building? If not, what steps are taken to protect the load?</p> <p>(e) Have any of your drivers ever had their licenses suspended or endorsed?</p> <p>(f) Do the vehicles carry fire extinguishers? If so, please state make</p> <p>... ..</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p>
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Please read the following declaration very carefully and read the questions and answers, especially if not completed in your own hand, before signing the form.

I/We declare that the above answers are true to the best of my/our knowledge and belief and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Date _____ Proposer's
Signature _____

The liability of the Insurers does not commence until the acceptance of the Proposal has been intimated by the Insurers, or official cover note issued.

