

ALLIANCE INSURANCE CORPORATION LIMITED

P. O. Box 9942, 7th Floor, Exim Tower, Ghana Avenue, Dar Es Salaam, Tanzania



GOODS IN TRANSIT PROPOSAL FORM

This proposal forms the basis of the Insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, a material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer.

INSURED

Date of inception (dd/mm/yyyy)

Name of insured

Representative / Contact

Physical address

Tel / Mobile number

Email

Company registration number

VAT number

Have you traded under a different name? Yes No

(If Yes, specify)

How long have you been in operation?

DETAILS OF POLICY

Most policies are issued on an All Risks basis. Please indicate by ticking the box whether you require any of the following special Restrictions or Extensions:

- Fire Collision Overturning & Hijacking only
 - Deterioration of Stock with Incorrect Temperature Setting
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Description of goods carried requiring insurance cover:

Commodity type	Percentage of total
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Do you carry any of the following high risk Commodities?

Copper	Cobalt	Liquor
Tyres	Tinned Fish	Motor Vehicles
F.M.C.G.	Electronics	

What is the maximum load limit required?

What is your estimated haulage fee for the next year?

How many vehicles in your fleet requiring insurance on loads?

Truck tractor	Rigid	LDV
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How many of your rigids / trailers are?

Fully enclosed	Semi-enclosed	Open backed
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Do you require cover on loads subcontracted to other hauliers? Yes No

Are your vehicles fitted with any of the following?

Device	No. Of vehicles fitted with device
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Tachograph: Yes No

Alarm system: Yes No

Immobiliser: Yes No

Registration number on roof: Yes No

Two-way radio/cellphone: Yes No

Tracking device: Yes No

- If yes, specify type of device:

In what geographical area is cover required? (Mark those required)

South Africa

Botswana

Namibia

Swaziland

Zimbabwe

Mozambique

Zambia

Lesotho

Malawi

Tanzania

DRC

Other (specify)

Radius of usual operation

Short hauls (Max 150km)

km

Long hauls

km

Main areas of operation:

How many drivers are employed?

What pre-employment investigations are carried out?

What is your company policy regarding hijacking?

What controls are used to ensure safe overnight stops?

How many drivers/crew per vehicle?

Are escorts used for valuable loads? Yes No

Any additional comments regarding drivers?

Are your loads currently insured? Yes No

If Yes, please give the name of the Insurer

Have you previously had this cover? Yes No

If Yes, please give the name of the Insurer

Please indicate previous uninsured losses/insured claims (before deduction of excess)

Date of loss

Amount of loss

Type of loss

Are there any other material facts in respect of the risk proposed which will influence the assessment thereof which should be disclosed?

Vehicle fleet list on which cover on loads is required:

Vehicle description	Registration number	Load Limit

I hereby declare that all statements made herein are true and correct and that there are not other material facts regarding the risk that should be disclosed. I further agree that if any statement or particulars herein supplied by any person other myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal: Agree:

Date	Name	Signature
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