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LUCY INSURANCE (S.C)

PROPOSAL FORM FOR INLAND CARRIERS LIABILITY INSURANCE

1. a. Name of Proposer_____
   b. Address_____
2. How long have you been established?_____
   _____
   _____
   _____
3. Is your liability to owners of goods determined by any conditions of carriage letter written or verbal?_____
   _____
   __
4. Do you contract to carry under your own conditions o carriage? If so please attach copy and indicate limits required for each:-
   i. Vehicle_____
   ii. Any one accident_____
5. What categories of license do you hold? Please attach of vehicles under each category.
   _____
   _____
6. a. State the principal classes of goods carried?_____
   _____
   b. Detail the nature of goods you carry?_____
   _____
7. In which areas do you operate?_____
   _____
   _____
   _____
8. Estimate in Birr the value of goods or property you would carry in year (Estimated annual carrying Birr_____).
9. Do you distribute goods to shops and/or street premises? If so what security precautions do you take during loading and unloading?_____
   _____
   _____
   _____
10. Are your vehicles fitted with alarms immobilizers or other protective devises? If so give brief

details._____

_____

_____

11. What do you estimate to be your gross haulage charges?
    a. Maximum_____
    b. Minimum_____
12. Do you have Goods in Transit Insurance at present? Yes ☐ No ☐
    If yes,_____

    _____

    a. When does your present Goods In Transit Insurance Policy expire?_____
    b. Amount of excess?_____
    c. Has any special conditions been imposed?_____
    d. Have you ever had a policy cancelled or renewal declined?_____
13. Give record of all claims for goods in transit during the last three years. Please give brief details of covers causes of claims and the cost of settled and outstanding claims.

    _____

    _____

    _____
14. Any additional information

    _____

    _____

    _____

    _____

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/We have not suppressed, omitted or modified any material facts. I/We agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to insurers who may, at their discretion, vary the terms and/or conditions of the contract.

Date_____ Signed_____