

# MAYFAIR INSURANCE COMPANY LIMITED

8<sup>TH</sup> FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

P.O. BOX 45161 – 00100, NAIROBI, KENYA

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EMAIL: info@mayfair.co.ke



## GOODS IN TRANSIT INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker \_\_\_\_\_

### PARTICULARS OF THE PROPOSER

Name of the proposer (in full) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Profession or Occupation (Nature of business) \_\_\_\_\_

Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_

PIN Number (Attach copy of certificate) \_\_\_\_\_

### PARTICULARS OF INSURANCE

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have you held a goods in transit policy with any other insurer?<br>If YES, please give name of insurer | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any office of Insurance Company, or underwriter ever:  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Cancelled your policy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Declined to insure you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Refused to renew your policy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Impose any special terms   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Repudiated any claim?  | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is YES, please give details. \_\_\_\_\_

### DETAILS OF THE VALUE OF GOODS DESPATCHED AND AMOUNT OF LOSS/ DAMAGE SUSTAINED DURING THE LAST THREE YEARS

Year	Total value of goods	Total number of despatches	Total amount of loss or damage			If others, describe nature and cause of loss
			Fire	Theft	Others	

## DETAILS OF MERCHANDISE TO BE INSURED AND MODE OF PACKING

Description of merchandise	Mode of packing and materials used

Specify from where to where the Goods in Transit cover is required

\_\_\_\_\_

What mode of conveyance is to be used? (Please tick one)

Own transport

Hired carrier

Rail

If goods are to be conveyed using *own transport*, give details of each vehicle that will be used as under.

	Registration No.	Make & Model	Carrying capacity in tonnes
1			
2			
3			
4			

If goods are to be conveyed using a *hired carrier*, please give details of the carrier

Name of carrier \_\_\_\_\_

Postal Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

\* If details of the carriers vehicle(s) that are to be used to convey the goods are known, please fill table above.

## COVER REQUIRED

Maximum amount of cover required for any one load KSh \_\_\_\_\_

Estimated annual amount carried Ksh \_\_\_\_\_

What is the basis of the valuation of the goods? \_\_\_\_\_

\_\_\_\_\_

## DECLARATION

I/We hereby declare that the above statements are true and complete. I/We desire to effect an insurance as described herein with Mayfair Insurance Company Limited, and I/we agree that this proposal and declaration shall be the basis of the contract between me/us and the Company. I/We further agree to accept policy subject to the conditions prescribed by the company.

Date of proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

FOR OFFICIAL USE ONLY

Branch Manager/Authorise Person(s) signature \_\_\_\_\_ Date \_\_\_\_\_