



An affiliate of VICTORIA MUTUAL

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

Head Office: 36 Duke Street, P.O. Box 170, Kingston, Jamaica, W.I.

Tel: (876) 922-1260, (876) 618-2242; Fax: (876) 922-4475

GOODS IN TRANSIT PROPOSAL FORM

Name of Proposer

Mailing Address of Proposer.....

Business Address

Trade or Business..... TRN of Business.....

Telephone No Facsimile No..... Email

1. State the number of years you have been established in the above business at the above address or elsewhere

2. State the nature of the goods to be carried and Parishes covered in ordinary course of business.

3. Are goods to be insured your property? If not, to whom do they belong?

4. Give number, description and Registered Licence Number of vehicles to which the insurance will apply.

Are vehicles owned by you?

If not, state name of owner

5. (a) State maximum value of any one carrying

(b) State the estimated annual carryings

6. (a) Are you at present insured, or have you ever proposed for Insurance in respect of any Goods in Transit risk?

(b) Has any such proposal or renewal ever been:-

(i) declined?

(ii) withdrawn?

(iii) or subject to an increase in rate?

7. State complete recorded of claims or losses in connection with Goods in Transit during the past three years.

	Total No. of Vehicles owned by the Proposer during the year	Total No. of Accidents	TOTAL COST OF SETTLED CLAIMS			OUTSTANDING CLAIMS	
			Fire	Accidental Damage	Theft or Pilferage	No.	Estimated Total Cost
20			\$	\$	\$		\$
20			\$	\$	\$		\$
20			\$	\$	\$		\$

DECLARATIONS

I/We being desirous of effecting an insurance with British Caribbean Insurance Company Limited, do hereby declare that the above statements are true and complete and that I/We hereby agree to render at the end of each period of insurance a statement in the form required by the Company, of all goods carried, and to pay premium on the goods carried in excess of the amount estimated above. And I/We agree that this Proposal and Declaration shall be the basis of the contract between Me/Us and British Caribbean Insurance Company Limited, and that I/We will accept a Policy subject to the provisions prescribed by the Company and expressed in the Policy.

Proposer's signature _____ Dated this _____ day of _____ 20_____
 (Company Stamp to be affixed)