

**PROPOSAL FORM
GOODS-IN-TRANSIT INSURANCE
CARRIER'S LEGAL LIABILITY ONLY**

1. Name of Carrier:

2. Address of Principal Office:

C.R. No. :

Tel. No.:

Fax No.:

3. a) Whether the carrier is an individual, partnership, private limited or public limited company:

b) Date of Registration:

4. a) Particulars of vehicles and area of operation(s):

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b) Make(s) and Year(s) Built:

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c) Licensed Carrying Capacity(ies):

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d) Type(s) of body(ies) of the vehicles i.e. whether open, side-walled, closed body, tankers or special products carriers:

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e) Is there a trailer(s) attached? If so, its nature and type of body(ies).

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f) Whether the carrier has a fixed schedule for servicing and maintenance of the vehicles. If so, give details.

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g) Whether a detailed logbook(s) is maintained for the vehicles.

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5. Has any insurance of carriers legal liability been effected during the previous three years? If so, give the names of insurers and claims record:

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**6. Has any insurer, in connection with any of the risks proposed for insurance, ever:
a) declined your proposal?**

b) refused to renew or cancelled your Policy?

c) required any increased premium or additional or reinstatement premium or imposed any special conditions?

7. Limits of Liability required to be covered per accident:

8. What amount out of each claim is the carrier willing to bear himself?

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld , misstated or misrepresented. Submitting this form does not bind the Proposer to complete the Insurance, nor MEDGULF to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Proposer:

Place & Date:
