

Goods-In-Transit Proposal Form

SCOPE OF COVER

- **All Risks:** The policy covers the goods of the insured against fire, theft or accidental damage while the goods is being loaded or unloaded from any road vehicle, passenger or goods train or whilst temporarily housed in the ordinary course of transit.
- **Restricted Cover:** In this case, cover will only be given for accidental damage to the goods while theft and fire damage are excluded.

COVER PROVIDED

- Open cover request
- Declaration basis
- Single transit

Details of the Proposal

Full Name of Proposer: _____

Office /Contact Address(s) : _____

Telephone No(s): _____ RC No. _____

E-Mail Address: _____ Website: _____

Bank Account Number: _____ Bank Name _____

BVN _____ Nationality _____ Place of Birth _____

Tax Identification Number _____ Resident Permit (For Non Residents): _____

Country of Dual Citizenship: _____ Foreign Mailing _____

Address _____

Nature of Profession or Occupation _____

Means of Identification: _____ ID No: _____

Nature of Goods to be carried (give full description) _____

How is the Product packaged? _____

The goods will be moving from _____ to be delivered _____

Mention the various locations/districts/geopolitical zones that are covered in the ordinary course of business? _____

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Please Note "No Cash Payment":

Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments MUST be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

What scope of cover is required:

All risk Restricted Cover

Sum insured/Value of goods (for single transit):

₦

Estimated period of transit (for single transit): From _____ To: _____

Period of insurance (Annual cover): From _____ To: _____

Limit per carrying (Annual cover):

₦

Estimated annual limit (Annual cover):

₦

Expected Premium:

₦

Source of Funds: _____

Bankers: _____

Are vehicles hired or owned: _____ Are the drivers own staff or hired: _____

If owned, stated details of the vehicles below.

(Please note that there could be physical inspection of the truck(s)).

S/N	MAKE OF VEHICLE	TYPE OF BODY	YEAR OF MAKE	CUBIC CAPACITY

Are you insured at present? YES NO

If yes, give details of your present insurance _____

Have you suffered any of loss(es) in the past? YES NO

Has any company declined, cancelled, refused or accepted your proposal on special terms and conditions? YES NO

If the answer to the above is yes, please give details.

DECLARATION

I/We warranted that the above statements are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

I/We agree to accept a policy in the Company's usual form for this class of insurance

Name: _____

Signature/Initials: _____

Date: _____

The Liability of the Company does not commence until the proposal has been accepted and the first premium paid.

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Official Use Only

Name of Officer:..... Client's Risk Category:

SBU/Hub/Spoke:.....Rate Applied:.....

Date:

Signature.....

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