



Industrial and General Insurance Plc

Plot 741, Adeola Hopewell Street, V/Island, Lagos.

P.M.B. 80181, Victoria Island, Lagos.

Tel: +234-1- 6215010-4, Fax: +234-1-2621146

Website: www.iginigeria.com, E-mail: info@iginigeria.com

GOODS IN TRANSIT INSURANCE PROPOSAL FORM (CORPORATE)

IMPORTANT: Kindly complete this form carefully. Failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly, disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:

Contact Address: Line 1
Line 2
Line 3 Town State

Postal Address: Line 1
Line 2
Line 3 Town State

Telephone No.
Mobile / GSM Fax
Email Website

CONTACT PERSON

Name Telephone
E-mail GSM/Mobile
Position Fax
Reporting To

Nature of Business

Industry RC No.

Insurance Required Date From To

GENERAL

1. State:
- (i) Nature and full description of goods carried or dispatched
- (ii) Geographical area of carriage or dispatch.
- (iii) The area in which the vehicles operate in the ordinary Course of business
2. Please tick if any of the following will be carried dispatched
- Tobacco or cigarettes Wine or Spirits Non-Ferrous Metals
3. Will all your loaded Vehicles be placed in a locked or attended Garage at night? **Yes** **No**
4. Give full details of any locking or anti-theft devices fitted To your vehicles on:
- (i) Cab
- (ii) Body
- (iii) Boot
- (iv) Engine or Brakes

GOODS DETAILS

1.

Reg. No	Make of Vehicle	Type of Body	Year of Manufacture	Maximum Carrying Capacity	Cab and Body be completely Locked	License Commercial vehicle	Sum Insured (Maximum Value)	
							Vehicle	Trailer

2. For goods sent by Road, Carrier, Rail, Post or Inland Waterways
- (a) State (i) Estimated total value of goods sent in one year =N=
- (ii) Limit to apply in respect of any one load or consignment =N=
- (b) Tick means of sending goods:
- (i) Road
- (ii) Carrier
- (iii) Rail
- (iv) Post
- (v) Others

INSURANCE DETAILS

1. Do you have other Insurance with the company? **Yes** **No**
2. Has any Insurer ever:
- (i) Declined to insure you?
- (ii) Increase your premium?

(iii) Require special terms to insure you?

Yes

No

(iv) Canceled or refuse to renew your policy?

If YES to any of 1 or 2, give details

3. Give details of loss and/or damage in respect of goods in transit during the last three years.

Year	FIRE		THEFT		DAMAGE		CLAIMS OUTSTANDING	
	No	Amount	No	Amount	No	Amount	Nature	Estimated Cost

Are there any additional facts likely to affect the proposed insurance
Which should be disclosed to underwriters?

Yes

No

If YES, give details:

DECLARATION

We humbly declare that to the best of our knowledge and belief, the information supplied in this proposal form is true and complete. We understand that cover is not effective until acceptance of this proposal is confirmed and payment effected.

Signature of proposer _____ Date _____ Agent _____

IMPORTANT NOTICE

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal
A copy of the Completed Proposal form will be supplied on request.

A copy of the policy form is also available on request for verification prior to completion of the Contact.

No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.