



Policy No.

Proposal for Goods in Transit

Important Notes

1. Please answer all questions fully.
2. Questions not relevant to you, please mark as not applicable.
3. The answers to these questions will form part of the contract of insurance for which you are applying.
4. All questions on this form must be answered in full and in **BLOCK** letters.

Broker / Agent

A. PARTICULARS OF PROPOSER

1. Individual Applicants

	Title	Surname	First Name	Middle Name
Name of Proposer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PIN No.	<input type="text"/>			

2. Corporate Applicants

Company Name

Postal Address	Address	Postal Code	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone no. Email

Agency

Contact Telephone Mobile Number

Physical Location

PIN No. (attach copy)

Nature of Business

B. OCCUPATION / BUSINESS

1. State your occupation/trade/business:

2. Description of property:

3. Mode of conveyance:

4. Territorial limits:

5. If cover is required on specified vehicles, please complete the schedule below:

Vehicles				Trailers			
Make & Description of Trailer	Reg. Number	Carrying capacity (tonnage)	Sum Insured	Make & Description of Trailer	Reg. Number	Carrying capacity (tonnage)	Sum Insured

Vehicles				Trailers			
Make & Description of Trailer	Reg. Number	Carrying capacity (tonnage)	Sum Insured	Make & Description of Trailer	Reg. Number	Carrying capacity (tonnage)	Sum Insured

C. LIMIT OF LIABILITY

1. State your occupation/trade/business:

2. Description of property:

3. Mode of conveyance:

4. Territorial limits:

D. INSURANCE / LOSS HISTORY

1. Are you now or have you been insured for this type of Insurance?

Yes No

If yes, please give name of Insurer and Policy Number: _____

2. Have you ever suffered a loss in connection of the insurance now proposed?

Yes No

If yes, please give details of loss (es) in the last three years :

Years: _____

Cause of Loss: _____

Brief details of each loss: _____

Amount paid: _____

3. What precautions do you now engage to avoid recurrence of such claim/s?

4. Has any Insurance Company ever:

- (a) Cancelled your Policy? Yes No
- (b) Declined to insure you? Yes No
- (c) Declined to renew your Policy? Yes No
- (d) Imposed any special terms? Yes No
- (e) Declined any claim? Yes No

If the answer for any of the above is yes please give details: _____

DECLARATION

I/We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal.

_____ Insurance company limited

Date

D	D	M	M	Y	Y	Y	Y
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Signature

(If Policyholder body corporate, title of person signing and company rubber stamp)



RESOLUTION INSURANCE COMPANY LIMITED

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