

TRINIDAD & TOBAGO INSURANCE LIMITED
(MARINE DEPARTMENT)

GOODS-IN-TRANSIT INSURANCE.

Name of Proposer

Address.....

Occupation.....

1. State (a) kinds of goods generally carried

.....

(b) Radius of transit.....

.....

(c) State Class of Road License

(d) Registration numbers of all vehicles to be insured.....

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2. (a) Name of present Insurers.....

(b) Name of present Insurers of vehicles

.....

3. Has any Company or Underwriter at any time:-

(a) Declined your proposal?.....

(b) Cancelled or refused to renew your policy?.....

(c) Increased your premium at renewal?.....

(d) Required you to bear the first part of any loss or imposed other special conditions?.....

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4. (a) Estimated Annual Haulage Charges.....

or (b) Estimated annual value of goods carried.....

5. (a) Maximum value of load carried in any one vehicle.....

(b) Maximum value at risk at any one time in all vehicle

6. (a) If you are carrying goods for others :-.....

Give details of all claims made against you during the last three years for loss or damage to goods during or in course of transit

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(b) If you are a sender of goods or if you carry your own goods:-

Give details of all losses or damage to goods during the course of transit sustained during the last three years

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7. Date from which cover will be required: 12 months from.....

I/We hereby declare that the answers given above are in every respect true and correct and I/we hereby agree that this Declaration shall be the basis of the Contract of Insurance between the Company, and myself/ourselves.

Date..... Signature.....