

Land Transit All Risks Proposal

Proposer's Name Branch

Business Code

C R No. E-mail

Address: Tel. No Fax No

Details of Goods to be insured and nature of packing

Letter of Credit No. Bank Name

Voyage / Territorial Limits From To

Conveyance and is it owned or hired?

Maximum value of any one carrying per truck (SR).....

Total Sum Insured of Goods to be Insured (SR)

Scope of Cover

This insurance covers All Risks of loss or damage to your Goods as per Company's Land Transit All Risks Policy except as provided under the Exclusions contained therein.

Are you interested to have an annual open policy covering all carryings during one year?

Yes No

If yes, a) State details of Goods to be insured and nature of packing

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b) Maximum value of any one carrying per truck SR

c) Estimated Annual Carryings Value

Has any Insurance Company declined any proposal for insurance by you or declined to continue or renew any insurance for you?

Yes No

If yes, give particulars

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State particulars of any loss to your Goods whilst in transit during the last 3 years if any

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Declaration

I declare that the statements contained in this Proposal form made by me (or on my behalf) are correct and true, and I have not misstated or suppressed any material fact. Also, I agree that this proposal to be the basis of the Insurance contract and is deemed to be incorporated therein.

Proposer's Signature

Date: