

PRIME INSURANCE COMPANY LIMITED



P.O BOX 30280, LILONGWE 3, MALAWI | (H/O) CHIEF KILIPULA BUILDING
Tel: +265 01 753012/757721 | Fax: +265 01 756320
E-mail: prime@primeinsurance.mw; Website: prime@primeinsurancemw.com

PROPOSAL FOR GOODS IN TRANSIT INSURANCE

Please answer each question fully - ticks or dashes are not acceptable unless the question posed requires a definite 'YES' or 'NO' response.

Full name of Proposer:

Postal Address:

Email Address: Tel. No.: Fax. No.:

Business/ Occupation:

Period of Insurance: From To

1. State type of cover required: (circle as appropriate) (a) "All Risks"
(b) Fire, collision and overturning only:
2. State mode of transport: (Road/Rail/Air, etc)
3. Give detailed description of goods to be covered:
4. Are you the owner of the goods? YES NO
If 'NO', specify whose goods are transported
5. How are the goods packed?
6. What precautions are taken for security of the goods when an overnight stop is made or a vehicle breaks down?
7. Will open or closed body vehicles be used?
8. Will transport operating be restricted to any one area of the country? YES NO
If 'YES', give details
9. State total number of vehicles in use :
10. What is your estimated annual value of goods to be transported? K

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11. State the maximum value of any one load?

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K
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- 1 -

12. Is cover required while goods are being loaded and/or unloaded?

YES	NO
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13. Is cover required against riot, strike and civil commotion?

YES	NO
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14. How long have you conducted the present business?

15. Give details of all previous losses

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16. Has any proposal for this insurance been made previously?

YES	NO
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If 'YES', to whom and with what result?

17. Has any Company or underwriter ever:

(a) Declined your proposal?

(a)

YES	NO
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(b) Refuse to renew your policy

(b)

YES	NO
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(c) Cancelled your policy?

(c)

YES	NO
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(d) Required an increased premium or impose special conditions? (d)

YES	NO
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If 'YES', give details

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DECLARATION:

I/We the undersigned desire to effect an insurance in terms of the Policy to be issued by the Company and I/We hereby declare that the above statement and particulars are true and that no material fact has been suppressed, misrepresented or mis-stated and I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the company.

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Date: **Signature of Proposer:**

NO INSURANCE COVER IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY PRIME INSURANCE COMPANY LIMITED AND PREMIUM PAID BY THE PROPOSER.