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GOODS IN TRANSIT INSURANCE PROPOSAL FORM

The issuing of this form is not to be taken as an admission of liability by the Insurers. **NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

A. PARTICULARS OF PROPOSER

Na	me	of proposer (in full)					
Alt	ern	ative Contact Persons					
Ρ.(Э Во	code:Code:					
То	wn_	County					
Мо	bile	e Number:					
Alt	ern	ative Mobile Number					
E-r	mail	<u>. </u>					
Em	nail I	Number 2					
Pir	n Nu	mber					
ID	Nun	nber(attach copy)					
Pro	ofes	sion/Occupation:					
В.	INSURANCE PARTICULARS						
	1.	Period of Insurance: From:ToTo(both dates inclusive)					
	2.	Select type of policy:					
		Annual Block Policy					
	2	Single Consignment Policy					
	3.	FINANCIERS INTEREST IF ANY					
C.		SURANCE /CLAIMS HISTORY					
		Are you now or have you been insured for this type of Insurance? YES NO					
		If yes, give name of Insurer and Policy Number					
		Have you ever suffered a loss for insurance now proposed? YES NO					
	4.	If yes state:					
		a. Date of Loss					
		h Amount of Loss					
		b. Amount of Loss What precautions have you taken to prevent a similar or any other loss occurring?					

	6.	Has any Insurance Company ever: a. Cancelled your Policy? YI	FS	NO		
		b. Declined to insure you? YI		NO		
		c. Declined to renew your Polic		YES	NO	
		d. Renewed your policy on spec	ial te	erms?	YES	NO
		e. Declined any claim? YES	Ν	10		
	7.	If the answer to any of the above is	'YES	', pleas	e give br	ief details
D.	00	CCUPATION/BUSINESS				
	1.	State your occupation/trade/busines	SS			
	2.	Description of merchandise being car	rried	:		
	3.	Please state how the merchandise is	pack	ked?		
	4.	Mode of conveyance:				
		Road Rai	il			
		Water /Sea Air	r			
		Other. Please specify				
	5.	Means of conveyance:				
		Vehicle				
		Trailer				
		Other. Please Specify				
	5.	Country of transportation:				
	6	If cover is required an specified vehi	clos	plassa	complet	a tha schadula balaw

0 00,0.	is required	on speemed	vernetes, preuse	complete the	benedate betom.

Vehicles				Trailers				
Make of vehicle	Reg Number	Cc (tonnage)	Sum Insured	Make of Trailer	Reg Number	Cc (tonnage)	Sum Insured	

a) In respect of any one consignment: KES					
b) In respect of any one Period of insurance: KES					
c) State your Estimated Annual Carry KES					
Declaration I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.					
I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.					
Name of Proposer Signature Date					
Name of Agent/Broker Signature Date					

E. LIMIT OF LIABILITY (please attach proof, invoice/receipt)