



The Monarch Insurance
A friend for life.

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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

Name of proposer (in full) _____
 Alternative Contact Persons _____
 P.O Box _____ Code: _____
 Town _____ County _____
 Mobile Number: _____
 Alternative Mobile Number _____
 E-mail _____
 Email Number 2 _____
 Pin Number _____
 ID Number _____ (attach copy)
 Profession/Occupation: _____

B. INSURANCE PARTICULARS

1. Period of Insurance: From:To..... (both dates inclusive)
2. Select type of policy:
 - Annual Block Policy
 - Single Consignment Policy
3. FINANCIERS INTEREST IF ANY _____

C. INSURANCE /CLAIMS HISTORY

1. Are you now or have you been insured for this type of Insurance? YES NO
2. If yes, give name of Insurer and Policy Number _____
3. Have you ever suffered a loss for insurance now proposed? YES NO
4. If yes state:
 - a. Date of Loss _____
 - b. Amount of Loss _____
5. What precautions have you taken to prevent a similar or any other loss occurring? _____

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

- 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 _____