



JN GENERAL INSURANCE COMPANY LIMITED

GOODS-IN-TRANSIT INSURANCE

THIS POLICY IS SUBJECT TO A PRO RATA CONDITION OF AVERAGE

PROPOSAL FOR DECLARATION POLICY (Haulage Turnover)

PLEASE USE BLOCK LETTERS

1 Name of Proposer (in full)

Tel. No. _____

Mr. Mrs. Miss:

Date of Birth:	Place of Birth:	Nationality:
Gender:	Marital Status:	TRN:
Home Address:	Mailing Address:	
Work/Business Address:	Email Address:	
Home Phone #:	Mobile #:	Work Phone #:
Type of Identification:	Identification #:	Expiry Date of Identification:
Occupation/Type of Business (describe fully):		

Have you or any relative or close associate been entrusted with prominent public functions (e.g. politicians, senior government, judicial or security force officials) in any country? If yes, give details	YES <input type="checkbox"/>	NO <input type="checkbox"/>
To the best of your knowledge are you or any close relative (spouse, children, parents or siblings) connected in any way (personal or business) to JNGI or any other member Company within the JN Group? If yes give details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONAL PROPOSER INFORMATION (IF PROPOSER IS AN ENTITY)

Name of Chief Executive Officer:		
Name of Contact Person/Authorised Signatory for the Entity:		
Contact's Relationship to insured:	Contact's Email Address:	TRN:
Type of ID:	ID Number:	ID Expiry Date:
Names and Address of Shareholder(s) with 10% or more shareholding:		
Name	Address	
Names and Address of Directors:		
	Address	

NB: Copy of Certificate of Incorporation for the Entity is required

33. Source of Funds (used for paying Insurance Premium):

How long have you been established in the above business(a) at the above address(b) elsewhere? (a) _____ (b) _____

3 Describe the nature of the goods to be carried

Will you carry any of the following: (a) Household removals; (b)Wines or Spirits; (c) Tobacco?

(a) _____ (b) _____ (c) _____

5 What areas will you ordinarily cover?

6 State total number of vehicles owned by you and details of any restrictions on licence.

"A" Licence _____ "B" Licence _____ "C" Licence _____
Licence Restrictions

7 State the kind of cover required:(a) All Risks; (b) Fire only;(c) Accidental Damage only: (d) Any other combination of risks.

8 (a) Are you at present insured, or have you ever proposed for insurance in respect of goods-in-transit risks. If so, state name of Insurers.

(a) YES NO

(b) Has any proposal or renewal ever been declined or withdrawn or policy cancelled?

If so, in what year? (b) _____

(c) Has any increased rate of premium been asked or special conditions imposed?

If so, give last date. (c) _____

9 Please state details of all your claims and losses in connection with goods-in-transit during the past three years

	Total No. of vehicles owned by the Proposer during year	Total No. of Accidents and Losses	Total cost of Settled Claims			Outstanding Claims	
			Fire	Accidental Damage	Theft or Pilferage	No.	Estimated Total Cost
			\$	\$	\$		\$
20							
20							
20							

10 State maximum sums to be insured

Limit any one vehicle } \$ _____ Limit any one Trailer } \$ _____ Limit any one Event } \$ _____

11 State the amount of your estimated annual Haulage Turnover

\$ _____

12 (a) Are the declarations to include the whole of the Haulage Turnover?

(a) YES NO

(b) if not, give particulars of the traffic to be excluded.

(b) YES NO

13 Do you require the Policy to cover Sub-Contractors?

YES NO

14

If Sub-Contractors are to be insured state:

(a) What is the estimated annual Haulage Turnover on sub-contracted traffic

(a) \$ _____

(b) Is all sub-contracted traffic to be included?

YES NO

If not, give full details

(c) Will you charge your Sub-Contractors with premium for insurance?

YES NO



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15 State estimated turnover upon which the initial premium is to be paid.	\$	
16 Do you wish to render declarations monthly or quarterly?		
17 Are you prepared to support your declarations with an Auditor's Certificate if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18 Will any vehicle be garaged overnight whilst loaded? If so, state maximum number likely to be so garaged in same building.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19 Give details of any of your vehicles which are of special construction, low loading or above 20 tons carrying capacity.		
Commencing date:		Premium \$

Referees (Applicable to Individual Proposers)

Names:	Names:
Address:	Address:
Telephone:	Telephone:
Occupation:	Occupation:

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which will influence the insurer's assessment of acceptance of this risk. If you are in any doubt as to whether a fact is material, you should disclose it.

I/We declare that the statements in the proposal form above and any other information provided in relation to this proposal are true and complete. I/We agree that this proposal and Declaration shall be the basis of the contract between me/us and the Company (and of any subsequent renewal if such is granted). I/We agree to be bound by the Company's standard policy for this type of risk subject to its terms, conditions, limitations and exceptions. I/We agree that no insurance will be in force until the Company has accepted this Proposal and communicated its acceptance to me/us.

I/We irrevocably acknowledge that before I/we entered into the proposed contract of insurance the Company had provided me/us with written notice of the *pro rata* condition of average and explained its effect to me/us and I/we fully understand its effect on the proposed policy.

I/We desire to effect with the Company insurance under the terms of the policy used for this class of insurance

I/We agree to my/our personal information being shared with JNGI's parent company and/or any of JNGI's fellow subsidiaries. I/We further agree that JNGI may record and store all information on my/our account in such form and means it deems fit including use of the services of its parent or fellow subsidiaries and affiliates or any electronic data processing service provider.

Date: _____	Proposer's Signature	Capacity of Signatory
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GOODS-IN-TRANSIT INSURANCE With Premiums based on

ANNUAL HAULAGE TURNOVER

The Policy described here provides insurance for those responsible for goods being carried from one place to another.

What the Policy covers

The policy covers contractors or agents when the goods under their care are lost or damaged by fire, accident, theft or pilfering. If the person insuring prefers it, the Company will issue a policy which covers only certain stated risks. But it will not cover theft or pilfering alone.

What the policy does not cover

While the policy covers most risks, it does not insure against:-

- 1 loss or damage due to wear and tear or moths of vermin or due to depreciation or deterioration not arising from the consequences of fire or accidental damage.
- 2 loss of or damage to deeds, bonds, bills of exchange, promissory notes, money, securities for money, stamps, documents of title to property, precious stones, or jewellery.
- 3 any consequence of war, invasion act of foreign enemy, hostilities(whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power, riot, strike, or civil commotion.
- 4 any consequential or indirect loss.
- 5 loss or death of or injury to livestock.

One final point: all policies bear the Average Clause. (Your Agent or Broker will explain how this affects your policy.)

The Premium

The premium is based on the annual haulage turnover. This is done for the benefit of businesses which cannot specify particular vehicles but which can give a fair estimate of their annual haulage turnover.

For the first 12 months the insurer pays a premium based on this estimate. During that time he makes monthly or quarterly declarations of his actual turnover. At the end of the year, the difference between what he has paid and what he should have paid is made good by a refund or a further payment.

There are other Goods-In-Transit policies

This policy and the method of arriving at the premium are designed to suit one special type of haulage business. There are other policies for insuring goods in transit. So if this type of policy is not what you want , give us particulars of your business and we will send you details of the policy you should have.