



INTERNATIONAL INSURANCE COMPANY (SL) LIMITED

20 Bathurst Street, P.O. Box 465, Freetown, Sierra Leone. E-mail: info@iic-sl.com
Tel: 232-22-222159/290458, Fax 223794 Website: www.iic-sl.com

PROPOSAL FOR GOODS-IN-TRANSIT INSURANCE

Full Name of Proposer

Address

Telephone No.

Occupation/Business

1. Nature of Goods proposed for Insurance.....

2. Owner of goods to be transported.....

3. Mode of transport.....

4. Serial No. or Mark of conveyor.....

5. Owner of conveyor.....

6. Frequency of Transportation.....

7. Duration of transit.....

8. Transit route.....

9. Port of loading.....

10. Port of unloading.....

11. Purpose for which goods are transported.....

12. Date of commencement of journey.....

13. Date of arrival at port of destination.....

14. Period of insurance.....

15. Value of the goods to be covered.....

- (a) Annually
- (b) Any one Transit

- 16. Estimated no. of Annual Transits.....
- 17. Estimated no. of Daily Transits.....
- 18. Estimated no. of Weekly Transits.....
- 19. Number of Escorts including Driver accompanying each vehicle.....
- 20. Are you at present or have you ever proposed for goods in transit insurance.....
 - a) If yes, with which company.....
 - b) Has any such proposal been renewed?.....
 - c) Has any such proposal ever been declined?.....or
 - a) Subject to increased rate or special condition?.....
- 21. Claims History
 - a) Have you ever claimed from any company or underwriter in respect of loss or damage by any misfortune?.....
 - b) If so, which company.....

Declaration

I/We submit this proposal to International Insurance Company (SL) Limited and I/We declare that the information given in this proposal is true and that I/We have not withheld any information and that this proposal will be the basis of the contract between me/us and International Insurance Company (SL) Limited.

Insurance to Commenceand Expire

Date Prosper's signature

Note: No liability is undertaken until the proposal is accepted by the company and premium paid.

Agency.....

OFFICIAL USE

Premium Rate
Annual Premium
Additional Premium
(extra perils)
Total Premium
Amount Payable
Approved by

Policy No

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