



A New Dimension In Insurance

**GOODS IN TRANSIT PROPOSAL
(OWN VEHICLES)**

Name in Full (in block letters)

Address:

Business:

1. How long have you been established in this business?

2. Description of goods to be carried

3. a) State localities where goods will be carried b) Are loaded vehicles ever left unattended? c) If so, what precautions are taken to prevent loss	* Note Warranties stated overleaf a) b) c)
4. If vehicles are left overnight a) Are they housed in a locked garage? b) If so, state the maximum number garaged in one building c) Give address of building	* Note Warranties stated overleaf a) b) c)

5. Give particulars of vehicles including trailers on which goods will be carried:-

Number of each type of vehicle	Carrying capacity per vehicle	Maximum sum insured (to the nearest £100 above)	
		*Load limit any one vehicle (incl. Trailer)	Total all vehicles
Cars			
Estate Cars			
Vans			
Lorries			
Other vehicles (State type)			

If different load limits are required for different vehicles of the same type state the separate load limits required

Type of vehicles i.e. Car, van, lorry etc.	Number of vehicles	Carrying capacity	Load limits

6. a) Are you prepared to carry an excess of more than Ushs.4,800? b) If so, for how much?	a) b)
7. Do you require cover for temporary housing during the course of transit off the vehicles? (maximum period 72 hours)	
8. What other insurances have you with this Company?	
9. Are you at present insured for the risk now proposed? If so, give the name of the insurer	

10. Have any Insurers ever declined your proposal, cancelled your Policy, refused or requested special terms to renew your insurance? If so, give details	
11. State your particulars of all damage or losses during the last three years whether insured or not	

Year	Total Number of vehicles owned	Total of losses sustained				Loses paid		Losses not yet paid By insurers	
		Theft		Other cases					
		No	Ushs.	No.	Ushs.	No.	Ushs.	No.	Ushs.

12. Period of insurance from: _____ To: _____

I hereby propose to effect an insurance with APA Insurance (Uganda) Limited and warrant the truth and correctness of all the statements and declare that no material information has been withheld.

I agree with this proposal and declaration shall form the basis of the contract between me and the said company and willing to accept the Policy and be bound by all terms, warranties, exclusions and conditions thereof and to pay the premium thereunder when called upon to do so.

Date: _____ 20 **Signature:** _____

No liability is accepted by the Company until the issue of the policy and the payment of the premium or the issue of the authorized cover note by the company.