



# JAMAICA INTERNATIONAL INSURANCE COMPANY LIMITED

Your insurance place from **GraceKennedy**

19-21 Knutsford Boulevard, P.O. Box 514, Kingston 5, Jamaica, West Indies. Toll Free: 1-888-GET-JIIC (438-5442), E-Mail: [Info@jiiconline.com](mailto:Info@jiiconline.com), Website: [www.jiiconline.com](http://www.jiiconline.com)

## PROPOSAL FOR INSURANCE OF GOODS IN TRANSIT

1. Name of Proposer.....

Address.....

Email Address..... Telephone #..... TRN.....

Nature of Business..... When established.....

2. What types of goods do you require transit coverage for?

3. What is the estimated total value of goods to be transported during the year?  
 \$ .....

What proportion of the total value transit done by (a) Your own vehicle?  
 (b) Vehicles otherwise?  
 (c) How many vehicles will be used by you to provide transits  
 (d) Who is the owner of the goods to be transported?

(a) \$.....  
 (b) \$.....  
 (c) .....

4. Describe vehicles to be used for the transits

5. What is your normal (a) origin  
 (b) destination  
 (c) what route do you generally travel

(a) .....  
 (b) .....  
 (c) .....

5. What is the  
 (a) maximum value of any one transit?  
 (b) total value of any one consignment dispatched at any one time?

(a) \$.....  
 (b) \$.....

4. If you send goods by your own vehicles please state  
 (a) whether loaded vehicles are ever left unattended and if so what precautions are taken?  
 (b) the maximum value of goods garaged en route in any one building?

(a).....  
 (b).....

6. Give particulars of all losses of or damage to goods in transit during the past three years:-

Date of loss or damage	Nature of goods involved	Amount (\$)	Method of transit	Circumstances in brief

7. State what amount you are willing to bear of every loss  
 \$.....

8. Has any Company or Insurer in respect of any of the risks to which this proposal applies  
 (a) declined to insure you?  
 (b) required special terms to insure you?  
 (c) cancelled or refused to renew your insurance?  
 (d) increased your premium on renewal?

(a).....  
 (b).....  
 (c).....  
 (d).....

9. Have you any other insurance with this Company? If so, give particulars

I desire to effect with the Company an insurance in the terms of the Policy used for this class of business and I warrant that the above statements and particulars are correct and complete. I agree that this proposal shall be the basis of the contract between me and the Company.

Dated.....20..... | Signature.....

This insurance will not be in force until the proposal has been accepted by the Company.