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GLICO GENERAL INSURANCE COMPANY LIMITED

GOODS IN TRANSIT PROPOSAL FORM
SINGLE TRANSIT INSURANCE

PROPOSER’S NAME IN FULL:

Proposer’s Address:

.....

Proposer’s Business or Occupation:

1. State Extent of Journey From:

To:

2. State Date:When Goods are to be dispatched

(a) When Journey is to be completed

3. Exact mode of Transit

4. Name and Address of Carrier

.....

5. State full description of Goods

.....

6. Are the Goods carried at Owner’s or Carrier’s Risk?

7. Total Value of Goods.....

Greatest Value of any borne by the Insured

8. What excess is to be borne by the Insured

9. State how the Goods are packed

10. State the greatest weight of any one article or package

Date:

Signature:

I/We hereby declare and warrant that the above questions are fully and truthfully answered, that I/We have not withheld or concealed any circumstance effecting the proposed Insurance and I/We agree that this declaration and the answers given above, and not any extraneous knowledge or information possessed by the company, shall be the basis of the contract between me/us and the Company and I/We agree to accept a policy subject to the conditions prescribed by the Company and expressed in the policy.

Date:

Signature:

GLICO GENERAL INSURANCE COMPANY LIMITED
GOODS IN TRANSIT PROPOSAL FORM
ANNUAL CARRIAGE

PROPOSER'S NAME IN FULL:

Proposer's Address:

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Proposer's Business or Occupation:

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1. Nature of Goods to be Carried:
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 2. How are the Goods Packaged?.....
 3. How are the Goods to be transported?.....
 4. Do you own the Vehicles?.....
 5. How many Vehicles do you own?.....
 6. How many of your Vehicles are involved in the Carriage?.....
 7. Are your Vehicles regularly serviced and maintained?.....
 8. Are you using Hired Vehicles in the carriage?.....
 9. Are the Goods carried at Owners or Carrier's Risk?.....
 10. How many trips will each Vehicle make in a Month?.....
 11. State Extent of Journey(s): From:.....,.....To:.....
 12. State the Value of Goods carried or to be carried in Any One Consignment/ Vehicle.....
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 13. State the Limit Any One Loss.....
 14. What is the Estimated Annual Carryings?.....
 15. What Excess is to be borne by the Insured?.....
 16. State the greatest weight of any one article or package.....
 17. Have you ever suffered a loss?.....If so, give details of such loss and the amount involved.....
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I/We hereby declare and warrant that the above questions are fully and truthfully answered, that I/We have not withheld or concealed Any circumstance effecting the proposed Insurance and I/We agree that this declaration and the answers given above, and not any Exztraneous knowledge or information possessed by the company, shall be the basis of the contract between me/us and the Company And I/ We agree to accept a policy subject to the conditions prescribed by the Company and expressed in the policy.

Date:

Signature: