



An affiliate of VICTORIA MUTUAL

GOODS IN TRANSIT PROPOSAL FORM

Name of Proposer

Mailing Address

Business Address

Trade or Business

TRN of Business

Telephone No

E-mail

Fax No

1. State the number of years you have been established in the above business at the above address or elsewhere

2. State the nature of the goods to be carried and Parishes covered in ordinary course of business.

3. Are the goods to be insured your property?  Yes  No

If not, to whom do they belong?

4. Give number, description and Registered Licence Number of vehicles to which the insurance will apply.

Are the vehicles owned by you?  Yes  No

If not, state name of owner

5. State maximum value of any one carrying

State the estimated annual carryings

6. (a) Are you at present insured, or have you ever proposed for Insurance in respect of any Goods in Transit risk?  Yes  No

(b) Has any such proposal or renewal ever been:-

(i) declined?  Yes  No

(ii) withdrawn?  Yes  No

(iii) or subject to an increase in rate?  Yes  No

7. State complete record of claims or losses in connection with Goods in Transit during the past three years.

Year	Total No. of Vehicles owned by the Proposer during the year	Total No. of Accidents	TOTAL COST OF SETTLED CLAIMS			OUTSTANDING CLAIMS	
			Fire	Accidental Damage	Theft or Pilferage	No.	Estimated Total Cost

**DECLARATIONS**

I/We being desirous of effecting an insurance with British Caribbean Insurance Company Limited, do hereby declare that the above statements are true and complete and that I/We hereby agree to render at the end of each period of insurance a statement in the form required by the Company, of all goods carried, and to pay premium on the goods carried in excess of the amount estimated above. And I/We agree that this Proposal and Declaration shall be the basis of the contract between Me/Us and British Caribbean Insurance Company Limited, and that I/We will accept a Policy subject to the provisions prescribed by the Company and expressed in the Policy.

\_\_\_\_\_ Date

\_\_\_\_\_ Proposer's Signature

(Company Stamp to be affixed)

**Submit** completed form and e-mail it to [eforms@bcicjamaica.com](mailto:eforms@bcicjamaica.com). You will be required to sign the form at a later date, when next you visit our office or that of your Broker.

or

**Print** completed form, affix your signature and submit to our office by either e-mail, fax, post or hand delivery.

**BRITISH CARIBBEAN INSURANCE COMPANY LIMITED**

**Head Office:** 36 Duke Street, Kingston, Jamaica, West Indies.  
**Telephone:** (876) 922-1260, (876) 618-2242; Telefax (876) 922-4475  
**Email:** info@bcicjamaica.com