



PROPOSAL FOR ROAD HAULIERS LIABILITY INSURANCE

A) General Information		
Name of the company to be insured		
Address		
Number of Years in business		
B) Territorial Limits		
Please state countries for which cover is required		
C) Conditions of Carriage		
Please state under which conditions of carriage you operate for		
a. Domestic operations	<input type="checkbox"/>	
b. Other Middle East operations	<input type="checkbox"/>	
c. European operations	<input type="checkbox"/>	
* Note copies of all standard forms of documentations for which cover is required must accompany this application.		
D) Gross Haulage Charges		
Please state your Annual Gross Haulage charges (the total turnover for transport operations and warehousing) including Freight but excluding customs duties and other taxes paid on behalf of any principal.		
a. Estimated charges – current year _____	currency _____	
b. Estimated charges – next year _____	currency _____	
c. Estimated charges – last year _____	currency _____	
Please provide a breakdown of (b) above in estimated percentages		
<u>Operations</u>	<u>Domestic</u>	<u>International</u>
i. Using Own Vehicle	_____	_____
ii. Using sub contractors vehicle	_____	_____
iii. Acting as Warehouse keeper	Own Warehouse	Sub Contractors Warehouse





E) Goods Carried

Please give details of principal goods carried and/or stored:-
 If any of the following goods are carried / stored please state the estimated percentage of turnover applicable and the normal/maximum values carried.

a)	<u>Type of Goods</u>	<u>Turnover %</u>	<u>Limit</u>
	Tobacco, Cigars, Cigarettes, Sprits	_____	_____
	High Value Cargo (Jewellery, Work of Arts, Bullion)	_____	_____
	Project Cargo	_____	_____
	Refrigerated or Temperature controlled Cargo	_____	_____
	Livestock/Bloodstock	_____	_____
	Goods of a Dangerous Nature	_____	_____
	Bulk Cargo (Cement, Grain, etc.)	_____	_____
	Tank container Cargo	_____	_____
	Arm & Ammunition	_____	_____
	Others (Specify)	_____	_____
b)	Maximum values of goods carried per any one Truck		
c)	Details about the Vehicles - a) Own Vehicle b) Under Contract Licensed Carrying Capacity, Type of Vehicle (Open/Closed or Refrigerated)		

F) Coverage Required :

Basic Cover :

Under this liability arising out of loss / damage caused by Fire, Explosion or Accidents to the vehicle carrying the goods arising out of negligence of the insured or criminal acts of his servants.

YES / NO

Wider Cover :

Includes in addition to the Basic Cover.

- a) Damage by Fire, Burglary, Riot, Strike, Malicious Damage affecting the goods at warehouses transshipment yards whilst the goods are in the custody of the carriers.
- b) Shortage of contents due to theft of cargo at any time whilst the goods are in the custody of the carriers.
- c) Flood or Water damage, Taint damage
- d) Breakage, leakage, damage due to improper handling.

YES / NO

G) Estimated number of tips per annum

H) Maximum values that would be covered at any one time

I) Average values of consignment

J) Description of vehicles in the fleet





K) Any strange risk, temporary/permanent																			
L) Split in gross charges for GCC countries, if available																			
M) Claims History Please state the number and total amount of all paid and pending claims made against you (whether you have been insured or not during the past 5 years)																			
<table><thead><tr><th><u>Year</u></th><th><u>Claim Paid</u></th><th><u>Claim Pending</u></th></tr></thead><tbody><tr><td>2009</td><td>_____</td><td>_____</td></tr><tr><td>2008</td><td>_____</td><td>_____</td></tr><tr><td>2007</td><td>_____</td><td>_____</td></tr><tr><td>2006</td><td>_____</td><td>_____</td></tr><tr><td>2005</td><td>_____</td><td>_____</td></tr></tbody></table>	<u>Year</u>	<u>Claim Paid</u>	<u>Claim Pending</u>	2009	_____	_____	2008	_____	_____	2007	_____	_____	2006	_____	_____	2005	_____	_____	
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2009	_____	_____																	
2008	_____	_____																	
2007	_____	_____																	
2006	_____	_____																	
2005	_____	_____																	
N) Existing insurance Please provide, a) Name and address of the current Insurers: _____ _____																			
b) Amount of excess applying to present insurance: _____																			
c) Expiry date of present Insurance :																			
O) Other Information Please state any other information which may be considered relevant to this application:																			
P) Limit of indemnity required per any one vehicle/any one loss and in the aggregate :																			

We the undersigned do declare all of the above information to be true and acknowledge that it will form the basis of my/our Contract of insurance with underwriters if terms are offered.

Dated :

Signature of the Proposer

