

MAYFAIR INSURANCE BOTSWANA

Plot 64511 • 1st Floor Mmila House Fairgrounds • Gaborone

• Private Bag 263 Gaborone

• Telephone: +267 3910181



CARRIERS LIABILITY INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Profession or Occupation (Nature of business) _____

Period of Insurance From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF INSURANCE

1. Have you ever suffered loss of fuel under transit?

YES

NO

If YES, give details of the losses

2. Has any office of Insurance Company, or underwriter ever:

a. Cancelled your policy?

YES

NO

b. Declined to insure you?

YES

NO

c. Refused to renew your policy?

YES

NO

d. Impose any special terms

YES

NO

e. Repudiated any claim?

YES

NO

If the answer to any of the above is YES, please give details. _____

DETAILS OF THE VALUE OF GOODS DESPATCHED AND AMOUNT OF LOSS/ DAMAGE SUSTAINED DURING THE LAST THREE YEARS

Year	Total value of goods	Total number of despatches	Total amount of loss or damage			If others, describe nature and cause of loss
			Fire	Theft	Others	

DETAILS OF MERCHANDISE TO BE INSURED AND MODE OF PACKING

Description of merchandise	Mode of packing and materials used

Specify from where to where the Goods in Transit cover is required

What mode of conveyance is to be used? (Please tick one)

☐

Own transport

☐

Hired carrier

☐

Rail

If goods are to be conveyed using *own transport*, give details of each vehicle that will be used as under.

	Registration No.	Make & Model	Carrying capacity in tonnes
1			
2			
3			
4			

If goods are to be conveyed using a *hired carrier*, please give details of the carrier

Name of carrier _____

Postal Address _____ P.O. Box _____ Town _____

Telephone _____

* If details of the carriers vehicle(s) that are to be used to convey the goods are known, please fill table above.

COVER REQUIRED

Maximum amount of cover required for any one load BWP _____

Estimated annual amount carried BWP _____

What is the basis of the valuation of the goods? _____

DECLARATION

I/We hereby declare that the above statements are true and complete. I/We desire to effect an insurance as described herein with Mayfair Insurance Botswana, and I/we agree that this proposal and declaration shall be the basis of the contract between me/us and the Company. I/We further agree to accept policy subject to the conditions prescribed by the company.

Date of proposal _____ Signature and stamp of proposer _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

FOR OFFICIAL USE ONLY

Branch Manager/Authorise Person(s) signature _____ Date _____