Bahamas FIRST

Goods In Transit Proposal Form

This proposal form must be completed by a duly authorized Company Representative.

Contact Details

Company Name:	
Mailing Address:	
Contact Name:	
Tel No	
Email Address:	
Company Website:	

Business Details

Type of Business

Business location

Street Address	Subdivision	Island	Telephone	Email

Nature of Business at this location

What is the nature of the goods to be insured?

Goods Carried

Tobacco

Cigarettes

Cigars

Wines

Business Details

Spirits	
Radio and Television Stes	
Electrical Appliances	
Clothing	
Furs and Non-ferrous metals	
Do you use your own vehicles?	

Specify locations you mainly operate.

Location	Subdivision

Do you undertake deliveries to docks? If yes, provide dock location(s).	
Do you possess permanent garage premises? If different from business address above, state where.	
Do you have open bodied vehicles? If yes, what precautions do you take to protect the load?	
Are the vehicles left unattended overnight?	
Are the vehicles left unattended at any other time? If yes, what arrangements do you make for garaging and safe custody?	
Are all vehicles outfitted with immobilizers, alarms or other security devices? If yes, state briefly the security devices. If no, are any outfitted and how many.	

Business Details

Do you obtain written references and confirm them with previous employers with respect to all of your employees? If no, how are references obtained?	
Have any of your drivers ever had their licenses suspended? If yes, please give details.	
Do the vehicles carry fire extinguishers? If yes, please state the make.	
Have you ever submitted a proposal for Goods in Transit Insurance to any Insurer? If yes, which insurer and what was the result.	
Has renewal ever been declined or not invited? If yes, please provide details.	
Has an increased rate or any special conditions been imposed? If yes, please provide details.	

Cover Details

Do you require cover under Scheme 1, 2 or 3	

Scheme 1

How many vehicles are to be covered?	
Year, make, and description of vehicle	
License Plate Number	
Open or Closed Body	
How Powered	
Carrying Capacity	
Maximum Load	
No of Trailers	
Carrying Capacity of each trailer	

Cover Details

Sum Insured on Goods - Vehicle	
Sum Insured on Goods - Trailer	
Do you have any vehicles other than those mentioned above? If yes, provide details.	
Do you require overnight coverage? If yes, are vehicles used in high risk/congested areas.	
Total Sum Insured on Goods – Vehicle	
Total Sum Insured on Goods – Trailer	
Total Sum Insured Scheme 1	

Cover Details

Scheme 2

What is the estimated aggregate value of consignments during the period?	
What is the estimated aggregate value of goods dispatched?	
By rail at the owner's risk for the previous 12 months and the estimated next 12 months	
By rail at the carrier's risk for the previous 12 months and the estimated next 12 months	
By road in vehicles owned by contractors for the previous 12 months and the estimated next 12 months	
By road in vehicles owned by the proposer for the previous 12 months and the estimated next 12 months	

Cover Details

Do you use Container or Freight Liner services or any Recorded Parcels Transit Scheme	
If yes, provide details and value of dispatchers included above.	
Describe any Conditions of Carriage applicable to goods sent by contractors' vehicles (briefly)	
Are vehicles used in high risk/congested areas?	
What is the maximum value of any one consignment?	
Total Sum Insured Scheme 2	

Scheme 3

Please give details of the journey	
What is the total value of the goods to be carried?	
Total Sum Insured Scheme 3	

General Extensions

Do you require cover for containers, tarpaulins and rope? If yes, what limit do you require.	
Do your require cover for:	
Fire, collision, overturning or derailment only	
Fire, collision, overturning, derailment, theft & accidental damage	
Do you carry any furniture? If yes, please provide details	
Do you require cover for savage and debris clearance? If yes, what limit do you require.	
Total Sum Insured (General Extensions)	
Deductible	

Your Insurance History

Reason for Policy?	
Any other Policies with Cayman First/Bahamas First? If yes, provide details.	
Have you, Directors or Partners:	
Ever been refused insurance or had special terms applied? If yes, please provide details.	
Any claims during the last 5 years? If yes, please provide details.	
Any non-motor convictions? If yes, please provide details.	
Ever been declared bankrupt? If yes, please provide details.	
Ever had a loss under a Goods In Transit policy? If yes, total number of claims made.	

Currency

Please state currency to apply to the policy	

Associated Clients

Name	Association

Cover Start Date

Please state date you wish cover to start	

Declaration

Please read this very carefully and if acceptable then sign and date below.
You should show this declaration to anyone who has an interest in property insured under this policy.

I/we declare that, to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will entitle Bahamas First Insurance Company Limited to void this insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Bahamas First Insurance Company Limited. If you are in any doubt as to what constitutes a material fact, you should consult Bahamas First Insurance Company Limited.

I/we agree that this proposal forms the basis of the contract between me/us and Bahamas First Insurance Company Limited and I/we accept and abide by the terms and conditions of the policy to be issued. I/we confirm that I/we have seen or have been given the opportunity to see a copy of the full policy wording.

I/we understand that my/our personal details may be passed to, or used by, third parties such as claims administrators, loss adjusters or fraud investigators or other insurance companies or their agents for the purpose of my/our insurance.

I/we also agree that Bahamas First Insurance Company Limited may share my/our information with certain companies that perform marketing or other services for, or with, Bahamas First Insurance Company Limited.

Signature of proposer:..... Date DD/MM/YY):.....

Signature of proposer:..... Date(DD/MM/YY):.....

COPY OF THE POLICY WORDING IS AVAILABLE UPON REQUEST

IMPORTANT NOTE - PLEASE NOTE THAT COVER CAN ONLY START IF A) BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE ADVISED THAT THE PROPOSAL FORM IS ACCEPTABLE B) ANY OTHER REQUIREMENTS FROM BAHAMAS FIRST INSURANCE COMPANY LIMITED HAVE BEEN MET AND C) THE REQUIRED PREMIUM PAYMENT IS MADE.