



## CO-OPERATIVE INSURANCE COMPANY LIMITED

Company No. PB 834

Head Office: Co-operative Insurance House, No. 74/5, Grandpass Road, Colombo 14

T: +94 11 2557300 F: +94 11 2339183 E-mail: info@coopinsu.com Web: www.ci.lk

### PROPOSAL FOR GOODS-IN-TRANSIT INSURANCE

#### AGENT/ BROKER/ BRANCH/ADO

Name	
Code No.	

**IMPORTANT: Please answer all questions. Failure to disclose material facts could result in your policy being invalidated. Material facts are those points which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose such facts as well.**

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

GENERAL INFORMATION (Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate)

1. Full name of proposer(s) including Trading Name (if any)						
. Postal Address						
3. NIC/Passport No. ./Business Registration Number			Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Sinhala	Tamil	English
4. VAT Registration Number			SVAT Reg. No			
5. Telephone/Fax Nos. /E-mail	Home		Office		Mobile	
	E-mail				Fax	
6. Full description of business, trade or occupation						
7. Description of goods to be insured						
8. Details of packing						
9. (a) Mode of transport / Vehicle No. (Hired / Own)						

10. Policy to commence on

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Policy to be renewed on

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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11. How long have you been in business?

<input type="text"/> <input type="text"/>	years
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12. In respect of the covers to which this proposal relates and any business in which you or any of your partners or directors are/have been engaged

(a) Has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If 'Yes', give details

(b) Have any accidents, losses or claims arisen in respect of the proposed insurance whether previously insured or not?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If 'Yes', give details

Date of Occurrence	Details of Loss	Amount involved
.....	.....	.....
.....	.....	.....

**Section (1) Transit Cover**

13. Estimated value of goods that will be transport during any one year

Rs.

14. Maximum value of goods per any one transit

Rs.

15. Scope of insurance cover required :

SRCC Clause   
Terrorism Clause

**DECLARATION**

I/we declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail and will be the basis of the contract between me/us and Co-operative Insurance Company LTD.

Day	Month	Year

Signature : .....