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### GOODS IN TRANSIT PROPOSAL FORM

#### **SUMMARY OF COVER**

The Goods are covered against loss of or damage by any accident or misfortune whilst in Transit in/on any Conveyance specified in the Schedule, within the Territorial Limits, including the loading and unloading of such Goods onto or from any Conveyance for the purpose of such Transit except as excluded in the Policy.

For the purpose of this insurance Goods are defined as any business goods owned by you or for which you are responsible but EXCLUDING:

- 1. (a) banknotes, currency notes, money, securities, stamps, promissory notes, cheques, deeds and bonds
  - (b) documents, manuscripts, patterns, models, moulds, plans and designs
  - (c) explosives and fireworks
  - (d) livestock
  - (e) containers designed for use with container Conveyances
- 2. bullion, jewellry, watches, precious stones, articles of gold, silver or other precious metal and furs.
- 3. glass (breakage), earthenware, china, marble or other brittle articles, clocks, scientific instruments, pictures, works of art, curios and the like.

#### **IMPORTANT NOTE**

The Limit of Liability for each Transit must be sufficient to represent the total value of the Goods in Transit as the Policy is subject to the following Average Condition:

### **AVERAGE CONDITION**

If at the time of any loss or damage the total value of the insured Goods on the Conveyance carrying it shall be greater than the Limit of Liability in respect of Goods contained in/on such Conveyance then you will be considered your own insurer for the difference and shall bear a rateable share of the loss or damage accordingly.

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# EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

Date of Birth (individual)							
Profession/Business							
Business Address (if different from above) _  Email							
Email							
Telephone Nos. Home  1. Do you have any policies in force with us?  If 'YES', please give details  2. How long have you been established in the Business (a) at your present address?  3. Have you or any senior person in the Business been							
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If 'YES', please give details  2. How long have you been established in the Business (a) at your present address?  3. Have you or any senior person in the Business been		Cell					
<ul><li>2. How long have you been established in the Business (a) at your present address?</li><li>3. Have you or any senior person in the Business been</li></ul>		YES 🗆	I NO 🗆				
<ul><li>(a) at your present address?</li><li>3. Have you or any senior person in the Business been</li></ul>							
			□ NO □				
If 'YES', please give details							
<ul> <li>4. Have you or anyone with a financial interest in the green (a) decline your proposal?</li> <li>(b) increase your premium?</li> <li>(c) increase your excess?</li> <li>(d) refuse to renew your policy?</li> </ul>	oods to be insured ever had an ins		I NO □				
(e) cancel your policy? YES □ NO □  If 'YES' to any of these, please state the reasons together with the name(s) of insurer(s)							
5. Period of Insurance from	to	mm/dd/uu					
6. Describe the nature of the Goods to be carried							

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	(a) The Estimated Annual Value of Goods Carried				\$_			
	(b) Maximum Value of Goods carried in any on			ne vehicle	\$_			
8.	8. Will you carry any of the following?							
					Maximur	Maximum Value any one		
				Estimated Annual Value		Vehicle		
	(a) alcoholic bev	verages	YES	NO	\$	\$		
	(b) tobacco		YES	NO	\$	\$		
	(c) computer/ele equipment	ectronic	YES	NO	\$	\$		
	(d) cellphones		YES	NO	\$	\$		
	If 'YES' to any of the questions (a) to (d) please state against each, the amount in respect of the Estimated Annual Value and the Maximum Value in any one vehicle.							
9.	9. Do you carry goods in open-sided vehicles? YES □ NO □					NO 🗆		
10.	10. Do you carry goods for others? YES □ NO □				NO □			
	If 'YES', please give details							
11.	11. Would the Conveyance be loaded with goods overnight?  YES □ NO □						NO 🗆	
	If 'YES', would the conveyance be located at:							
	(a) your Business Premises YES   NO   NO   NO   NO   NO   NO   NO   N					NO 🗆		
	If 'NO', please give details of location/s							
	12. Have you sustained any loss or damage in the last three (3) years?  YES □ NO □  If 'YES', please give details							
	Year	Good	ds		Cause of Loss/Damage		Amount of Loss/Clair	

7. Please indicate the following:

13.	Give details of the Conveyances owned or hired by you in connection with the business which will be used to
	carry the Goods:

Registration No.	Make and Model of Vehicle	Carrying Capacity	Maximum Value of Goods per Vehicle	Present Insurers of Vehicle

# **DECLARATION**

I/We wish to effect an insurance with Guardian General Insurance Limited on the Terms Conditions and Exclusions
of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this
Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been
misrepresented mis-stated suppressed or withheld. I/We agree that this Proposal and Declaration shall form the
basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated
in the Policy to be issued.

Date		Proposer's Signature
	mm/dd/yy	

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