

**Crown Insurance Consultants
1784 436 262**

HAULIERS GOODS IN TRANSIT

LEGAL LIABILITY

PROPOSAL FORM

Broker / Agent:

Name of Proposer:

Address of Proposer:
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Important Notice

Please answer questions to the best of your knowledge and belief. All material facts must be disclosed as failure to do so may nullify any policy or certificate issued.

NB A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to what constitutes a material fact, you should consult Broker / Underwriter. If you consider that any question requires expert knowledge which you are unable to provide, indicate this in your answer.

- 1) How long has the business been established.....
- 2) Number of employees.....
- 3) Please give a complete description of your business activities to be insured under this Policy.

- 4) Are you a member of any Trade Association? YES NO
 (if yes please specify).....
- 5) What trading conditions do you operate under? (if NONE, go to Question 6)

BIFA	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RHA 1998	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RHA 1991	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
NAWK/UKWA	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RHA 1998 Storage Conditions	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
CMR	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
OWN – (please provide a copy)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
OTHER – (please provide a copy)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Are the above Trading Conditions modified in any way? YES NO

If so please give details.....

In order to incorporate your trading conditions into contracts with your customers YOU MUST inform them that the trading conditions apply at the time you quote for business. With this in mind, you should:

- A) Instruct your staff when giving an oral quotation for business to state that your trading conditions apply
- B) State that your trading conditions apply when you confirm any oral quotation in writing
- C) Include on the front page of your stationery clear words indicating that you carry out all your business subject to your trading conditions
- D) Have copies of your trading conditions in your office(s) so that they are available to reflect the suggestions in A) – C) above
- E) Ensure that your sub-contractors accept the same liability as you have to your Principals and that they have adequate insurance

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE CONDITIONS OF CARRIAGE YOU HAVE ADVISED TO US ACTUALLY APPLY TO YOUR CONTRACTS OF CARRIAGE. IF YOU HAVE FAILED TO DO SOME OR ALL OF THE ABOVE AND YOUR TRADING CONDITIONS ARE FOUND NOT TO APPLY, THE CONDITIONS &/OR LIMITS OF YOUR INSURANCE POLICY MAY NOT FULLY COVER YOUR LIABILITY TO YOUR PRINCIPAL.

6) If no trading conditions have been specified, 'All Risks' conditions may apply. Please specify Limit required.
 £.....

- 7) a) Total Number of Vehicles currently owned or operated split
- | | |
|---------------------------------|-------|
| up to 3.5 tonne GVW | |
| Over 3.5t but no more than 7.5t | |
| Over 7.5t but no more than 24t | |
| Over 24t | |
- b) Number of Vehicles owned or operated for which transits are to be included

8) Estimated annual gross haulage charges:-

	Own Vehicles or Vehicles operated by you	Sub Contractors
RHA 1991 / 1998 (please amend as applicable)	£.....	£.....
CMR-UK	£.....	£.....
CMR-EUROPE(Excl. Italy)	£.....	£.....
CMR-EUROPE (Italy)	£.....	£.....
CMR – Other (please specify)	£	£
NAWK/UKWA	£.....	£.....
RHA 1998 – (Storage Conditions)	£.....	£
OWN	£.....	£.....
OTHER	£.....	£.....

9) Nature of Goods mainly carried

10) Do you carry any refrigerated / temperature controlled cargo ? YES NO
IF “YES” ALL DRIVERS MUST HAVE RECEIVED RELEVANT TRAINING
NB. THE STANDARD POLICY COVERAGE DOES NOT GIVE DETERIORATION COVER IN RESPECT OF REFRIGERATED/TEMPERATURE CONTROLLED CARGO (But cover can be extended at rates, terms and conditions to be agreed)

Please give applicable estimated haulage charges :

Own - £.....

Sub contractors- £.....

11) Do you have any specific contracts for the carriage of Hazardous or theft attractive goods (as an example but not limited to) :-

bottled spirits, bottled wine, cigarettes, cigars, computer hardware / software, domestic audio visual equipment, non-ferrous metals and scrap, photographic goods, sports equipment / clothing, tobacco, mobile phones

YES NO

If “YES” please give details of goods and estimated gross haulage charges

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12) Are loaded vehicles **EVER** left unattended after the last business transit of the day and before the first business transit of the next working day ?

YES NO

If "YES" please advise circumstances, location and security or precautions taken.
(specify alarms immobilisers on all vehicles).

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N.B. IF YOU HAVE ANSWERED NO AND CIRCUMSTANCES CHANGE, RESULTING IN LOADED VEHICLES &/OR LOADED TRAILERS BEING LEFT UNATTENDED AFTER THE LAST BUSINESS TRANSIT OF THE DAY AND BEFORE THE FIRST BUSINESS TRANSIT OF THE NEXT WORKING DAY, UNDERWRITERS MUST BE INFORMED IMMEDIATELY AND TERMS AND CONDITIONS AGREED.

13) If warehousing / storage is undertaken please provide details of each location including fire precautions / construction / security including alarm specification (on separate paper if necessary).

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14) **Claims experience**

Please provide details of all goods in transit, trailer & E&O losses over the past **5 YEARS**

Year	Details	Paid	O/S
.....
.....
.....
.....
.....
.....

Have there been any incidents during the last 5 years which may have been recoverable under this type of policy, had one been in force

YES NO

If YES please detail all claims

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.....

15) Is **E & O** coverage required ?

YES NO

If "YES" please state limit required.

16) **Trailers**

Do you wish to insure your trailers against physical loss or damage ?

YES NO

If "YES" please provide details of number of trailers to be covered including the value of each and serial numbers.
(please attach separate schedule as necessary)

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17) **Details of existing insurance**

- i) Name of Insurer
- ii) Renewal date
- iii) Current excess.....

18) Has any Insurer previously refused insurance, cancelled cover or imposed special terms ?

YES NO

If "YES" please provide details.....

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19) It is a requirement of our standard policy that written references must be obtained before employing new drivers.

Do you currently comply with this requirement ?

YES NO

(IF NOT, YOU SHOULD BE AWARE THAT THIS COULD PREJUDICE COVER IN THE EVENT OF A CLAIM.)

20) Do any of the Partners or Directors have any criminal convictions ?

YES NO

If so, please list below

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DECLARATION

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE IN THIS PROPOSAL ARE TRUE AND COMPLETE AND IF SUCH STATEMENTS ARE IN THE WRITING OF ANOTHER PERSON HE/SHE ACTED AS MY AGENT FOR SUCH PURPOSE. I AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN INSURER(S) AND US.

PROPOSER'S SIGNATURE

DATE

POSITION IN COMPANY

Signing this form does not bind the Underwriters or the Proposer to complete a Contract of Insurance