



الخليج للتأمين التكافلي
AlKhaleej Takaful Insurance

HAULIER'S LIABILITY PROPOSAL FORM

General Information:

Name of Company to be insured

Address:

Other Offices:

Number of years in business

Total Number of staff:

Number and type of Vehicles owned:

Number and type of Vehicles hired:

Territorial Limits : Please state countries for which cover is required

Conditions of Carriage: Please state under which conditions of carriage you operate for

- (a) Domestic Operations
- (b) Other Middle East Operations
- (c) European Operations

Note: Copies of all standard forms of documentation (Bill of Lading / Waybill or similar contract of carriage) for which cover is required must accompany this application.

Gross Haulage Charges:

Please state your gross haulage charges (the total turnover for transport operations and warehousing) including Sea Freight but excluding customs duties and other taxes paid on behalf of any principal.

- (One) Estimated Charges – current year currency
 (Two) Estimated Charges – next year currency
 (Three) Estimated Charges – last year currency

Please provide a breakdown of (b) above in estimated percentages.

<u>Operation</u>	<u>Domestic</u>	<u>International</u>
(i) Using own vehicles	%	%
(ii) Using sub contractors vehicles	% own warehouse	% sub contractors warehouse
(iii) Acting as a Warehouse Keeper	%	%

Goods Carried:

Please give details of principal goods carried and/or store:

If any of the following goods are carried/stored please state the estimated percentage of turnover applicable and the normal/maximum values carried.

<u>Type of Goods</u>	<u>Turnover%</u>	<u>Limit</u>
Tobacco, Cigars, Cigarettes		
Spirits		
High Value Cargo (jewellery, works of art, bullion)		



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Project cargo

Refrigerated or temperature controlled cargo

Livestock / Bloodstock

Goods of a dangerous

Fragile Items

Bulk Cargo (cement, grain, etc.)

Tank container cargo

Arms / Ammunition

Limits of Indemnity : Any one Vehicles / Occurrence / Claims

Limit in the annual aggregate _____

Deductible each and every claim to be borne by the insured _____

Claims History:

Please state the number and total amounts of all paid and pending claims made against you
(whether you have been insured or not) during the past 5 years

Year Claims Paid Claims Pending

Existing Insurance

Please provide:

- 1) Name and address of current Insurers.
- 2) Amount of excess applying to present Insurance.
- 3) Expiry date of present Insurance.

Other Information

Please state any other information which may be considered relevant to this application.

We the undersigned to declare all the above information to be true and acknowledge that it will form the basis of my/our contract of insurance with underwriters if terms are offered.

Signature

Date:

