

**CARRIER'S GOODS IN TRANSIT QUESTIONNAIRE**

<b>CLIENT DETAILS</b>			
Client Name			
Registration Number			
Telephone Number			
Fax Number			
E-mail Address			
Do you have standard trading conditions	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Physical Address			
VAT Number			
<b>DESCRIPTION OF GOODS CARRIED</b>			
Do you carry: -		Percentage Carried	
Perishables	<input type="checkbox"/>	Y/N	<input type="text"/> %
Frozen Goods (Specify)	<input type="checkbox"/>	Y/N	<input type="text"/> %
Cigarettes/Tobacco	<input type="checkbox"/>	Y/N	<input type="text"/> %
Liquor/Beer	<input type="checkbox"/>	Y/N	<input type="text"/> %
Clothing/Textiles/Shoes	<input type="checkbox"/>	Y/N	<input type="text"/> %
Petrol/Paraffin or similar	<input type="checkbox"/>	Y/N	<input type="text"/> %
Television Sets/Videos	<input type="checkbox"/>	Y/N	<input type="text"/> %
Electrical Appliances, Washing machines etc	<input type="checkbox"/>	Y/N	<input type="text"/> %
Hazardous Chemicals	<input type="checkbox"/>	Y/N	<input type="text"/> %
Camera/Radios/CD's/Tapes	<input type="checkbox"/>	Y/N	<input type="text"/> %
Office Machines Typewriters etc.	<input type="checkbox"/>	Y/N	<input type="text"/> %

<b>NB: COVER EXCLUDES Cell Phones, Computers/ Computer Chips/ Equipment and Tyres</b>					
<b>TERRITORIAL LIMITS</b>					
Natal Only	Y/N	Botswana	Y/N	Zimbabwe	Y/N
South Africa	Y/N	Swaziland	Y/N	Malawi	Y/N
Namibia	Y/N	Lesotho	Y/N	Other	Y/N
<b>HAULAGE FEES</b>					
Last years Actual Haulage Fees / Turn Over			R		
Estimated Future Annual Haulage Fees / Turn Over			R		
PLEASE ENSURE THE CORRECT ANNUAL HAULAGE FEES / TURN OVER ARE GIVEN TO INSURERS. THIS IS THE GROSS TURNOVER DERIVED FROM THE RUNNING OF THE BUSINESS AS A CARRIER					
<b>CARRIER'S LIABILITY</b>					
Do you require Carrier's Liability cover?			Y/N		
(We will provide you with a quotation if you do not already have this cover)					
<b>LIMITS REQUIRED</b>					
What is the maximum load limit required?					
Maximum any one carry			R		
Maximum value fresh produce			R		
Maximum value – Container 6m: Actual Container value			R		
Maximum value – Container 12m: Actual Container value			R		
<b>VEHICLES</b>					
<b>Are Vehicles:-</b>					
Fully Enclosed (i.e.: not open sided, open topped or canvass sided)			Y/N		
Refrigerated			Y/N		

Insulated	Y/N
Own Vehicles, Hired or Leased	Y/N
No. Of Vehicles in use (Please provide licence plate details if necessary)	
Do you use Sub-Contractors (Please list nominated Sub – Contractors)?	
Are there any other material facts in respect of the risk proposed which will influence the assessment thereof which should be disclosed?	
I/WE _____ AGREE THAT THE ABOVE DETAILS AND INFORMATION ARE TRUE AND THAT ANY MATERIAL MISREPRESENTATION OR CONCEALMENT OF ANY INFORMATION WILL VOID ANY QUOTATION OR INSURANCE POLICY BASED THEREON.	
NAME _____ DATE _____	
SIGNATURE _____	
PLEASE ADVISE THE INSURERS IF ANY OTHER INFORMATION HAS CHANGED ON YOUR CURRENT POLICY OF INSURANCE.	