



Mayfair Insurance Company Tanzania Ltd

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CARRIERS LEGAL LIABILITY INSURANCE PROPOSAL FORM

Please note that this is a Legal Liability and not a Goods-In-Transit policy.

Agency Account Number:

SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel): (fax):
(mobile): (web):
(email):
(postal): (code): (town/ city):
- c. Proposer Pin Number:
- d. Period of Insurance: To:

SECTION 2

- 1. Please indicate whether you operate as a (tick as appropriate):
 Sole Trader Partnership Limited company
- 2. Describe your business or occupation
- 3. When was the business registered?
- 4. Has ownership of the business changed since it was registered? Yes No
If so please explain briefly:
- 5. Name the main types of goods likely to be carried, handled and/or warehoused by you :
- 6. What is your area of Operations (Geographical area covered) ?

B. PARTICULARS OF VEHICLES

- 1. Indicate whether the vehicles are (tick as appropriate):
 Owned Hired Owned and hired
- 2. Do you subcontract any carriage? Yes No
- 3. If Yes, do you have written contracts with the subcontractors? Yes No
If so, kindly provide a copy of the contract (attach a copy)
If No, how do you hold subcontractors responsible for any goods entrusted to them? Explain briefly
- 4. Do you maintain a detailed register of all the vehicles that are used for carriage of goods? Yes No
If not, explain how you keep such records.

5. Do you ensure that the vehicle(s) are regularly serviced and maintained in a roadworthy Yes No condition at all times?

6. How do you ascertain the level of maintenance of hired vehicles and staff reliability?
Please explain

7. How do you ensure safety of the goods when the vehicle(s) are temporarily garaged during transit. Please explain

SECURITY OF VEHICLES

1. Are the vehicles fitted with:
- Tracking Devices? Yes No
- Radio Communication? Yes No
- Engine Immobilizers? Yes No
- Overloading Devices? Yes No
- Any Other Devices (please specify)

EMPLOYEE DETAILS

1. State the Limits of liability required:

- a. In respect of any one claim TSH.
- b. In respect of all claims arising out of one event TSH.
- c. In respect of all claims during the Period of Insurance TSH.

2. What is your stimated Annual Carry. TSH

3. Provide your actual annual carry for each of the last three years:

- a. Year _____ TSH _____
- b. Year _____ TSH _____
- c. Year _____ TSH _____

INSURANCE/LOSS HISTORY

1. Are you now or have you been insured for this type of Insurance? If Yes No
yes, please give name of Insurer and Policy Number

2. Have you ever suffered a loss in relation to the insurance now proposed? Yes No
If yes, please give details of loss(es) in the last three years

Year of loss(es) :

Cause of loss :

Brief detail of each loss :

3. What precautions do you now engage to avoid recurrence of similar loss?

4. Has any Insurance Company ever;
- a) Cancelled your Policy? Yes No
- b) Declined to insure you? Yes No
- c) Declined to renew your Policy? Yes No
- d) Imposed any special terms? Yes No
- e) Declined any claim? Yes No

If the answer for any of the above reasons is 'YES'. Please give details:

Declaration

I/We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I/We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and The Mayfair Insurance Company Tanzania Limited.

Name of Proposer _____ Signature _____ Date _____

The liability of the Company does not attach until the proposal has been accepted and the premium paid.