

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 warehouses	sub contractors warehouse
(iii) Acting as a Warehouse Keeper	%	%

5) 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)		
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

6) Limits of Indemnity : Any one Vehicles / Occurrence / Claims

Limit in the annual aggregate _____

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

7) **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

8) **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.

9) **Other Information**

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

- 10) 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.

Signed

Date: