



LAND TRANSIT INSURANCE QUESTIONNAIRE

Warehouse at Anywhere in Kingdom of Saudi Arabia			
Land Transit Insurance (Open Cover Single Journey) Questionnaire / Proposal Form			
1. Name of the Proposer			
2. Address of the Proposer			
3. Exact Description of Goods (Type, Quantity, etc.)			
4. Type of Packaging (e.g. wooden or cardboard cases, bags, bales, drums. Containers, bulk)			
5. Means of Conveyance (Including details of Carriers)			
6. Supervision of Loading and Unloading	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, by whom?		
7. Transit details: Policy Period/Date of Shipment (Including storage extension, if applicable)			
8. Amount(s) To be Insured: Estimated Annual Turnover			
9. Basis of Valuation	C&F (Cost & Freight) Only <input type="checkbox"/>	<input type="checkbox"/>	
	C&F (Cost & Freight) +10% <input type="checkbox"/>	<input type="checkbox"/>	
10. Limit Per Sending / Consignment (For Open Cover Only)			
11. Statistics/Past Record (if any)			
12. Terms and Conditions of Coverage	Land transit (Restricted Clause) <input type="checkbox"/>	<input type="checkbox"/>	
	All risk clause <input type="checkbox"/>	<input type="checkbox"/>	
13. Extension of Cover (e.g. Strike, War , any special conditions)			
14. Special Features and/or Requirements (if any)			
15. Loss experience for the previous 3 years (if any)			



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DECLARATION:

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signed by Proposer at _____
 This day of: _____

Signature of Proposer:
