DISCOVER
INSURANCE COMPANY

insure@discoverinsurance.co.zm

GOODS IN TRANSIT/HAULIERS LIABILITY
Proposal Form

1. **Name of Assured** _____
2. **Address** _____
3. **E-mail address** _____
3. **Sum Insured**_____
   (State how this value is arrived at) _____
4. **Type and description of goods**_____
5. **Number of Trucks:** _____
6. **a) Load Limit per Truck : K**_____
   . b) Full container load-House to House: Yes/No (Delete whichever is in applicable)
7. **On deck or Under deck?** _____
8. **Marks and Numbers:** _____
9. **Mode of Transportation** _____
   From _____ **via** _____
   To _____ **via** _____

I/we the undersigned hereby declare that the above statements and particulars and those relating to the goods to be insured are correct and that the amount proposed for insurance represents the full value of the articles to be insured and I/we agree that this declaration shall be the basis of the contract between us and DISCOVER INSURANCE COMPANY.

Date----------signature----------