



REGENCY NEM
INSURANCE GHANA LIMITED

Adj. Assoc. Int. School, 65 Patrice Lumumba Road. Airport Residential Area.
P. O. Box CT 6342 Cantonments, Accra Tel: +233-302-778106, Fax+233-302-782871

PROPOSAL FOR GOODS IN TRANSIT INSURANCE

NAME OF PROPOSER (IN FULL) BLOCK LETTERS: _____

ADDRESS (BLOCK LETTERS): _____

DETAILS OF JOURNEYS INVOLVED, EG CONVEYANCE AND BRIEF DETAILS TAKEN: _____

LIMIT ANYONE CONVEYANCE: _____

ESTIMATED ANNUAL CARRYINGS: _____

DESCRIPTION OF MERCHANDISE AND/OR PRODUCE CARRIED: _____

WHETHER GOODS CARRIED ARE OWN PROPERTY OR OTHERWISE:

ANY PREVIOUS LOSSES: _____

DECLARATION OF GOODS WILL BE REQUIRED EACH QUARTER

I/We desire to effect with the Company any Insurance in the terms of the policy issued of this class of business and I/will warrant that the above statements and particulars are correct and complete. I/We agree that this proposal shall be basis of the contract between Me/Us and the Company.

DATE: _____ SIGNATURE OF PROPOSER: _____

This Insurance will not be in force until proposal has been accepted by the Company.

Subject there to the insurance is to commence on _____ and is

Renewable on _____.