



SHARJAH INSURANCE COMPANY

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HAULAGE INSURANCE APPLICATION FORM

A. GENERAL INFORMATION

Name of the Company to be Insured : _____
Address : _____
Number of Years in Business : _____

Other Offices : _____
Total Number of Staff : _____

B. TERRITORIAL LIMITS

Please state countries for which cover is required. : _____

C. CONDITIONS OF CARRIAGE

Please state under which conditions of carriage you operate for:

a) Domestic Operations : _____
b) Other Middle East Operations : _____
c) European Operations : _____

Note: Copies of all standard forms of documentation for which cover if required must accompany this application.

D. GROSS HAULAGE CHARGES

Please state your Annual Gross Haulage charges (the total turnover for transport operations and warehousing) including Sea Freight but excluding customs duties and other taxes paid on behalf of any principal.

a) Estimated charges – current year : currency _____
b) Estimated charges – next year : currency _____
c) Estimated charges – last year : currency _____

Please provide a breakdown of (b) above in estimated percentages.

E. GOODS CARRIED

Please give details of principal goods carried and/or stored:-

If any of the following goods are carried/stored, please state the estimated Percentage of turnover applicable and the normal/maximum values carried.

<u>TYPES OF GOODS</u>	<u>%TURNOVER</u>	<u>LIMIT</u>
Tobacco, Cigars, Cigarettes	_____	_____
Spirits	_____	_____
High Value Cargo (Jewelry, Works of Art, Bullion)	_____	_____
Project Cargo	_____	_____
Refrigerated or Temperature Controlled Cargo	_____	_____
Livestock/Bloodstock	_____	_____
Goods of a Dangerous Nature	_____	_____
Bulk Cargo (Cement, Grain, etc.)	_____	_____
Tank Container Cargo	_____	_____
Arms/Ammunition	_____	_____

F. 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.

<u>YEAR</u>	<u>CLAIMS PAID</u>	<u>CLAIMS PENDING</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. EXISTING INSURANCE

Please provide:

- a) Name and Address of Current Insurers : _____
- b) Amount of Excess applying to present Insurance : _____
- c) Expiry Date of present Insurance : _____

H. OTHER INFORMATION

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

I/We the undersigned, do declare all of the above information to be true and acknowledge that this form will be the basis of my/our Contract of Insurance with Underwriters if terms are offered.

Signed: _____

Date: _____