



NIGERIAN AGRICULTURAL INSURANCE CORPORATION

NAIC HOUSE
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**PROPOSAL FOR INSURANCE OF GOODS IN TRANSIT
BY ROAD, RAIL OR INLAND WATERWAY IN THE
REPUBLIC OF NIGERIA.**

PROPOSAL FOR INSURANCE OF GOODS-IN-TRANSIT BY ROAD, RAIL OR INLAND WATERWAY IN THE REPUBLIC OF NIGERIA

Full Name of Proposer: _____ Tel/GSM No: _____

Address: _____
 _____ email _____

Trade or Business: _____

Specify your other Insurances with the Corporation (a) _____
 (b) _____
 (c) _____
 (d) _____

Has any Insurer ever:

Declined your insurance proposal? _____ Required special terms to insure you? _____

Increased your premium? _____ Cancelled or refused to renew you policy? _____

Give the following details of all losses and damage in respect of goods in transit during the last three years.

YEAR	CLAIM PAID						CLAIMS OUTSTANDING		
	FIRE		THEFT		DAMAGE		No.	Nature	Estimated cost
	No.	Amount	No.	Amount	No.	Amount			
20									
20									
20									

Have you been insured for this class of insurance? _____ (If so, give name of the company)

State fully the nature and description of goods carried or dispatched: _____

State the area in which the vehicles operate in the ordinary course of business: _____

Will any of the following be carried or dispatched? (A) Tobacco or Cigarettes? _____

(B) Wines of Spirits? _____ (C) Non-ferrous Metals? _____

(D) Explosive? _____

Will all your loaded vehicle be placed in a locked or attended garage at night? _____

(A) Cab: _____ (B) Body: _____

(C) Boot: _____ (D) Engine or brakes: _____

Goods (including Travelers' Sample) carried by vehicles owned or operated by the Insured.

Specify each vehicle separately and state the maximum value of goods carried on each.

Registration number and letters	Make of vehicle	Whether Used for Commercial Travelling	Can both cab and body be Completely locked	Licence Commercial vehicle	Sum Insured (Maximum Value)	
					Vehicle N	Trailer N

Estimated annual carrying: ₦ _____

Limit anyone carrying ₦ _____

Total Number of Losses	Total Gross Cost of Losses					
	Amount Paid			Amount Outstanding		
	Fire	Theft	Accidental Damage	Fire	Theft	Accidental Damage
20						
20						
20						

I/We hereby declare that the above statements are complete and true, that this declaration and the proposal shall form the basis of the contract between me/us and the **NIGERIAN AGRICULTURAL INSURANCE CORPORATION.**

Dated: _____ Signature of proposer: _____

Period of Insurance from: _____ 20 _____ to _____ 20 _____

Agent's Name: _____

N.B No insurance is in force until the proposal has been accepted by the Corporation and the premium or Deposit Premium paid.