ONE OFF GOODS IN TRANSIT / CARGO QUESTIONNAIRE

Contact Details

Company Name:	
Contact Name:	
Contact Number:	
Email:	
Phone:	

Delivery Details

Goods being delivered:	
Description of contract/job including method of transport:	
Start date:	
End date:	
Collection point:	
Delivery point:	
Value of contract:	

Claims History

Have you made any claims in the last 5 years? Yes ☐ No ☐

Cover Required

Transit level of cover required:	
Carriage conditions applicable:	
Storage level of cover required:	
Storage conditions applicable:	
Security measures in place:	

Existing Insurance

Do you have an annual Transit/Cargo policy? Yes ☐ No ☐

If Yes:

Who is your insurer?	
For what reason are they not able to offer cover for this contract?	

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Any other information

Please note, a member of the BCD team will still need to contact you to confirm risk information and complete your quotation.

Any questions please call: 0330 0436 180.

Please return the completed form to emma.horrocks@businesschoicedirect.co.uk and we will be in contact shortly.