

Application Road Carrier's Liability Insurance

Before you fill out the Insurance Application, please read the questions in the table below carefully and write the appropriate answers to them. The questionnaire can be filled out any way available to you, ensuring the completeness and legibility of the answers.

Data of the Policyholder

Name:	Legal Address:
<input type="text"/>	<input type="text"/>
Registry No.:	
<input type="text"/>	
Date of Registration in Register of Enterprises:	Capital Stock, EUR:
<input type="text"/>	<input type="text"/>
Phone:	Email:
<input type="text"/>	<input type="text"/>
Contact Person (Name, Surname):	
<input type="text"/>	

Information of Freight Carriage

Transport Turnover Last Year (EUR Gross):	Planned Transport Turnover in The Insurance Period (EUR Gross):
<input type="text"/>	<input type="text"/>
Planned Number of Shipments in the Insurance Period:	In which Countries do you carry out Cabotage Transport?
<input type="text"/>	<input type="text"/>
Do you carry out Cabotage Transport?	What Percentage of All Shipments is Cabotage?
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Desired Limit of Liability for One Insured Event:	Desired Limit of Liability for All Insurance Policy Period:
<input type="text"/>	<input type="text"/>
Required Insurance Protection for Entrusted Property:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please, confirm the Sum Insured:	<input type="text"/>
Required Insurance Protection for Losses Caused by the Transported Freight to the Third Party related to Damage to Property, Health or Life:	
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please, confirm the Sum Insured:	<input type="text"/>

Types of Transported Cargoes

Temperature Controlled Goods:	<input type="text"/> %	Cars, Motorcycles and Other Self-Propelled Machinery:	<input type="text"/> %
Dry Cargoes in ISO Containers:	<input type="text"/> %	Alcohol:	<input type="text"/> %
Liquids in Cisterns/ Tank Containers:	<input type="text"/> %	Tobacco:	<input type="text"/> %
Electronics and PCs:	<input type="text"/> %	Dangerous Goods:	<input type="text"/> %
Fragile Goods:	<input type="text"/> %	Own Cargoes:	<input type="text"/> %
Other Cargoes:	<input type="text"/> %		

Routes of Transportation

Latvia:	<input type="text"/> %	Baltic States (Latvia, Lithuania, Estonia):	<input type="text"/> %
Europe (European countries including Turkey. Excluding: Italy South from Rome, Belarus, Russia, Ukraine, Crimea region, Kazakhstan, Armenia, Georgia, Azerbaijan, Abkhazia, South Ossetia):	<input type="text"/> %		
CIS (CIS Countries including Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan. Excluding: Belarus, Russia, Ukraine, Crimea region, Abkhazia, South Ossetia, Mongolia):	<input type="text"/> %		
		Mongolia:	<input type="text"/> %
Other (please specify):	<input type="text"/>		

Hauliers/ Trucks

No.	Model/Make:	Type of Trailer*:	Year of Manufacture:	Registration No:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*It is necessary to choose from the following trailer types: Container Trailers, Trailers with Temperature Control, Car Carriers, Tank Trailers, Trucks with payload up to 3,5 tons, Tent/Flatbed Trailers. If the list of vehicles does not fit in this page, please submit the list on a separate page.

Previous Road Haulier Liability Insurance*

Period:	Insurer:	Limit of Liability per Policy:	Number of Insured Vehicles:

*If the list above does not fit in this page, please submit the list on a separate page.

Losses in Last Five Year Period*

No.	Date:	Insurer:	Reserve, EUR:	Indemnity paid, EUR:	Deductible, EUR:	Description of Insured Event:
1						
2						
3						
4						
5						

*If the list above does not fit in this page, please submit the list on a separate page.

Notes/ Additional Information

I certify that the information provided above to the Insurer is complete and true. I undertake to notify the Insurer of all known circumstances that will arise during the Insurance Contract and may significantly increase the likelihood of the occurrence of Insured Risk, or the amount of possible losses.

This questionnaire is an integral part of the Insurance Contract, but filling it out does not create an obligation to conclude an Insurance Contract. By providing false or misleading information, the Insurer has the right to unilaterally cancel the Insurance Contract concluded on the basis of this application.

With my signature, I confirm the veracity of the above-mentioned information:

_____	_____	_____	_____
Name, Surname	Date	Position	Signature