



GOLDSTAR TRANSPORT LTD

TEL 01394 676800 FAX 01394 676675

EMAIL:traffic@goldstartransport.co.uk

| | |
|--|--|
| COMPANY NAME | |
| ADDRESS | |
| CONTACT | |
| PHONE NUMBER | |
| 'O' LICENCE NO. (PLEASE ATTACH COPY) | |
| PAYMENT TERMS REQUIRED | |
| INSURANCE BROKER | |
| VAT REGISTRATION PLEASE ATTACH COPY | |

SECURITY ARRANGEMENTS

Please confirm the following details

Address at which vehicles normally parked

•
.....
.....
.....
.....
.....
.....

Does the above address have any of the following ?

- Locked gates and perimeter fencing yes/no
- Closed circuit camera yes/no
- Alarms/sensor yes/no
- Manned security yes/no
- if yes what periods are covered ?
-

It is our intention to start paying our weekly paid subcontractors by BACS and require the bank details you wish your payment to go into as follows:

Sub-Contractor Name:

.....

Sub-Contractor Address:

.....

.....

.....

.....

.....

Bank Account Name:

.....

Bank:

.....

Soft Code:

.....

Account Number:

.....

Signature:

.....

Name:

.....

Date:

.....

Note:

If your bank details change please notify us as soon as possible to enable us to make your payment to the correct account.

Insurance Form for Subcontractors



Of

GOLDSTAR TRANSPORT LIMITED

Known as "The Principal"

Address

Hodgkinson Road, Felixstowe, Suffolk. IP11 3QT

Subcontractor's Details

Name:

Trading Title:

Address:

Post Code

Telephone:

Please pass this form to your Insurance Broker who should check that the Insurance cover you have is adequate to meet the requirements described below. The form should be signed by you and your broker and returned to the principal contractor named above at:

Goods in Transit Insurance

Insurer's Name

Policy Number

Renewal Date

Important Note

Your Principal's insurers require you to confirm the following "Any goods and equipment are handed to you on the sole understanding that you will indemnify us against all liability in respect of loss, destruction of or damage to the goods and equipment which form the subject of this special contract during the period in which you or any subcontractors employed by you are in possession of the said goods and equipment".

Minimum Insurance Requirement – Goods in Transit

| | | | |
|------------------------|---|-----|----|
| Conditions of Carriage | • CMR by statute or by contract | Yes | No |
| | • RHA 1998 x £1,300 per tonne | Yes | No |
| | • RHA 1998 x £6,000 per tonne, Goldstar Transport Ltd traffic | Yes | No |
| | • RHA 1998 x £8,500 per tonne, Goldstar Transport Ltd traffic | Yes | No |
| Containers | • £35,000 per item of equipment | Yes | No |
| Trailers | • £35,000 per item of equipment | Yes | No |
| Limits | • Any one vehicle £350,000 | | |

| | |
|-------------------------------|--|
| | <ul style="list-style-type: none"> • Any one loss £1,000,000 |
| Common Law | <ul style="list-style-type: none"> • £250,000 |
| Errors & Omissions | <ul style="list-style-type: none"> • £100,000 |
| Territorial Limits | British Isles |
| Deterioration of Stock | Cover is to apply in respect of temperature controlled traffic |
| No excluded goods, other than | living creatures, bullion, cash, bank notes, stock certificates, bills of exchange, promissory notes, treasury notes, stamps, bond securities, watches, precious stones, nuclear fuel/waste and jewellery. |

Your own Goods in Transit Insurance Policy must, as a minimum, provide cover in accordance with the above policy summary.

| | | | |
|------------|----------------------|----------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
| Print Name | <input type="text"/> | Position | <input type="text"/> |

Trailers

| | |
|--|----------------------|
| Insurer's Name | <input type="text"/> |
| Policy Number | <input type="text"/> |
| Renewal Date | <input type="text"/> |
| Limit any one trailer | <input type="text"/> |
| Excess | <input type="text"/> |
| Territorial limits | <input type="text"/> |
| Does cover include unattended detached trailers? | <input type="text"/> |

Public Liability

| | |
|--|----------------------|
| Insurer's Name | <input type="text"/> |
| Policy Number | <input type="text"/> |
| Renewal Date | <input type="text"/> |
| Limit of Indemnity | <input type="text"/> |
| Excess | <input type="text"/> |
| Territorial limits | <input type="text"/> |
| Does cover include indemnity to principals clause? | <input type="text"/> |
| Exclusions | <input type="text"/> |

Employers Liability

Insurer's Name

Policy Number

Renewal Date

Limit of Indemnity

Excess

Territorial limits

Exclusions

The necessary insurance covers, as declared above, are currently in force and will be maintained during the period of the contract.

Signature

Date

For and on behalf of the Insurance Broker

This insurance will not be in force until the Underwriters have indicated acceptance of the proposal. The Underwriters reserve the right to decline any proposal.

Name:

Address:

Post Code

Telephone:

(Please provide a company stamp)

As the nature of this form of insurance is often complicated, please do not hesitate to contact us if you or your broker have any problems completing the above.

Please could you please complete and return this questionnaire to:

Davis Corporate Risks Ltd
14 Kings Court
Newmarket
Suffolk
CB8 7SG

FAX: 01638 616916
TEL: 01638 608060

**When completed please return with copies of Insurance, Operators Licence and
VAT certificate to**

Amy Stammers

Goldstar Transport

Hodgkinson Road

Felistowe

IP11 3QT