

Marine Cargo Proposal Form

The issuing of this form is not to be taken as an admission of liability by the Insurer.

1. COMPANY DETAILS

Company Name

Contact Name

Phone

Fax

E-Mail Address

2. DETAILS OF GOODS INSURED

Goods to be insured

Type of Packing FCL LCL Conventional

Maximum Value – (Please State Currency) Any one Vessel/ Aircraft

If by Sea Barge RORO Cargo Launch Tanker

Basis Of Valuation C & F +10% Fob +10% +10% Other

Estimated Annual Turnover (Please State Currency) Imports Exports.....

BILL OF LADING NO.: / AIRWAY BILL NO.:

3. CONVEYANCE

Mode of Transport Sea Air

Voyages From: To:

4. INSURANCE COVER

Options (Others please specify) ICC (A)/ ICC (Air) ICC (C) & ND

Additional Coverage (Please Specify)

One Year Quarter Others – Please specify

5. DURATION OF COVER

Expected Date of Shipment

Expected Date of Arrival

6. CLAIMS

Claims experience for last 3 years

Nature and Type of Loss

ANY OTHER COMMENTS

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The undersigned applicant declares that the proposal form has been read and answered to the best of His/ Her knowledge and belief. The answers are correct and complete in every respect. Applicant consents to this proposal forming basis of insurance issued by Underwriters, if a policy be issued.

Issued at _____ this _____ day of _____

Signature