

MARINE INSURANCE PROPOSAL FORM

INFORMATION

Policy no. (if existing open marine policy)

Letter of Credit / Name of The Bank and Details

Name and Address of Client/Broker

Name and Address of Supplier

Coverage requested (Risk to be Covered)

By Sea	By Air	Land Transit
<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> Land Transit Only
<input type="checkbox"/> B	<input type="checkbox"/> Air Cargo Clause	<input type="checkbox"/> All Risk Land Transit
<input type="checkbox"/> C	<input type="checkbox"/> By Post	
<input type="checkbox"/> Total Loss		
WAR <input type="checkbox"/> Yes <input type="checkbox"/> No	WAR <input type="checkbox"/> Yes <input type="checkbox"/> No	WAR <input type="checkbox"/> Yes <input type="checkbox"/> No

Trip Details

Partial Shipment Yes No

From: To:

Sum Insured. Please State the Currency

Total:

CIF CFR C&F FOB EXW

VOYAGE

Address from which the Goods are to be moved

Dates of Shipment

Address to which Goods are to be sent (Receiver)



دبي للتأمين
DUBAI INSURANCE

Goods will be sent by

- By Sea By Air By Land Transit

If by Sea state name of Vessel:

If by Air State name of Airways and Bill Airways:

If Land Transit name of Driver & Truck Plate Number:

Date of Dispatch

STORAGE

Nature of Goods

Have Goods been in Store

- Yes No

If yes please state:

- Containerized Non Containerized

Packing Details

(Please state all possible information)

DOCUMENTS ENCLOSED

Date (DD/MM/YY)

Signature and Stamp of Proposer