

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)

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