

PROPOSAL FORM FOR INSURANCE

MARINE CARGO

Please ensure that all questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

SEC	TIC	DETAILS OF PROPOSAL					
1.	a.	Name of Proposer:Title:					
	b.	Address: Postal Code:					
	C.	VAT No./TRN (where applicable):					
	d.	Telephone No./Fax No.:					
	e.	Email address:					
	f.	Trade or Business:					
	g.	Period of Insurance: From To					
De	tail	ils of Shipment(s)					
2.	a.	Details of Cargo to be insured:					
	b.	Is it? ☐ New or ☐ Second hand					
	C.	Method of Packing:					
	d.	Will cargo be containerised? ☐ Yes ☐ No					
		If Yes, will it be a \square full container load from door to door or \square groupage container service from a central depot?					
	e.	e. Terms of sale:					
	f.	Insured Value any one consignment:					
	g.	. Limit any one item/package:					
	h.	. Total Value of all your consignments on vessel:					
Vo	yag	e e					
3.	a.	. Country(ies) where risk(s) normally commence:					
	b.	If from inland, type of transportation used:					
	C.	Will any transshipment be involved? ☐ Yes ☐ No If Yes, please state the name of port/harbour:					
	d.	Will any "on deck" shipments be involved? ☐ Yes ☐ No					
	e.	Please give details of vessel(s) if possible:					
	f.	Where does the risk terminate?					
		If inland, name of haulage contractor(s):					
Ot	her	Information					
4.	a.	Please state estimated annual value of Imports:					
	b.	Conditions of insurance required: ☐ Clause A ☐ Clause B ☐ Clause C					



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MARINE CARGO

Claims Experience For Last 3 Years

Voor	Claims Paid		Claims Outstanding	
Year	Number	Amount	Number	Amount
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Present Insurers		\$	Excess	\$

		\$		\$	
		\$		\$	
Present Insurers		\$	Excess	\$	
Please supply full details	s of any major losses:				
DECLARA	ATION				
NOTE: SIGNING THIS PR	ROPOSAL DOES NOT BII	ND THE PROPOSER TO	COMPLETE THIS INSUR	ANCE.	
	atements and particulars				
	ter enquiry. I/We agree t ontract of insurance effec				
=	occurring before the co			ers or arry material	
Proposor Namo (Ploaso	print)				
Froposer Name (Flease	print)				
Signature			Date		