

**MARINE CARGO INSURANCE PROPOSAL FORM (OPEN COVER)**

1	Name of the Insured	Mr/Mrs:
2	Contact Address	Tel: ..... /Fax: ..... / Mobile: ..... P.O Box: ..... / City: ..... / Country: ..... Contact Person: ..... Designation: ..... <b>TRN No.:</b> .....
3	Bank Name(s) & Address (if any)	
4	Full Description of Goods	
5	Condition of Goods	<input type="checkbox"/> Brand New <input type="checkbox"/> Secondhand <input type="checkbox"/> Fragile <input type="checkbox"/> Others.....
6	Type of Packing	<input type="checkbox"/> Bags <input type="checkbox"/> Cartons <input type="checkbox"/> Cases <input type="checkbox"/> Pallets <input type="checkbox"/> Crates Others/ Please Specify:
7	Containerized / Non-Containerized	<input type="checkbox"/> Containerized <input type="checkbox"/> Non-Containerized/ Please Specify:
8	Mode Of Conveyance(s) and Percentage	<input type="checkbox"/> By Sea _____ % <input type="checkbox"/> By Air _____ % <input type="checkbox"/> By Land _____ %
9	Voyage	<b>From:</b> <b>To:</b> <b>Via (If any):</b>
10	Estimated Annual Turnover	<input type="checkbox"/> By Sea _____ Currency (_____) <input type="checkbox"/> By Air _____ Currency (_____) <input type="checkbox"/> By Land _____ Currency (_____)
11	Maximum Limit Per Shipment	_____ Currency (_____)
12	Basis of Valuation	<input type="checkbox"/> C&F/CFR+10% <input type="checkbox"/> CIF+10% <input type="checkbox"/> FOB/ Ex-Works / Ex-Factory +20%
13	Type of Cover Required	<b>By Sea:</b> <input type="checkbox"/> ICC (A) + War & Strikes <input type="checkbox"/> ICC(C) + War & Strikes <input type="checkbox"/> ICC(C) ND + War & Strikes <b>Airfreight:</b> <input type="checkbox"/> ICC (AIR)   / <input type="checkbox"/> Total Loss Air Only (Ordinary) <b>Road/ Land:</b> <input type="checkbox"/> All Risks Land Transit <input type="checkbox"/> Land Transit (Ordinary)
14	Loss Experience (5 Years)	
15	Nature Of Claims	<input type="checkbox"/> Damages <input type="checkbox"/> Shortages <input type="checkbox"/> Shortlanding <input type="checkbox"/> Others

It is the duty of the proposers and their agents to disclose all materials facts to the Underwriters before the contract of insurance is concluded and any failure to do so entitles the Underwriters to avoid the contract. Answering the above questions alone does not relieve the proposers and their agents of this duty and it is essential that the materials facts which are not specifically asked for the above disclosed to Underwriters in addition. We hereby certify that the information given is correct.

**Proposal Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature & Stamp:** \_\_\_\_\_