

Marine Cargo Insurance Proposal Form (Individual)

1	Name of the Insured	Mr/Mrs: _____		
2	Contact Address	Tel: _____ /Fax: _____ / Mobile: _____ P.O Box: _____ / City: _____ / Country: _____ Contact Person: _____ Designation: _____		
3	TRN No.			
4	Bank Name(s) & Address (if any)	Bank: _____ L/C No: _____		
5	Description of Goods (Please state whether the items are Brand New or Used)			
6	Type of Packing	Bags <input type="checkbox"/> Cartons <input type="checkbox"/> Cases <input type="checkbox"/> Pallets <input type="checkbox"/> Crates <input type="checkbox"/> <input type="checkbox"/> Containerized <input type="checkbox"/> Non-Containerized/ Please Specify: _____		
7	If Transported by Land	Road Transportation Co. details Name _____ Address _____ Transporter has Haulier's Liability Insurance Policy : <input type="checkbox"/> Yes <input type="checkbox"/> No.		
8	Conveyance(s)	<input type="checkbox"/> By Sea / Bill of Lading No.& Date _____ <input type="checkbox"/> By Air / Airway Bill No. _____ <input type="checkbox"/> By Land / Truck No. & Driver Name: _____ Vessel Name/ Flight # _____ Sailing Date: ____/____/____		
9	Voyage	Import <input type="checkbox"/> / Export <input type="checkbox"/> From: _____ To: _____ Transshipment port (if any) Via: (_____)		
10	Sum Insured	<input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR Other <input type="text"/> (_____) (Please attach a copy of the Commercial Invoice or Purchase Order)		
11	Basis of Valuation	<input type="checkbox"/> C&F/CFR+10% <input type="checkbox"/> CIF +10% <input type="checkbox"/> FOB/ Ex-Works / Ex-Factory +20% Other/ Please Specify _____		
12	Type of Cover Required	BY STEAMER: <input type="checkbox"/> ICC (A) + War&Srcc <input type="checkbox"/> ICC (C) + War&Srcc <input type="checkbox"/> ICC(C) ND + War&Srcc <input type="checkbox"/> Total Loss Only <input type="checkbox"/> Bulk Oil CL. 273 + War & Srcc (for oil shipments)	BY AIRFREIGHT: <input type="checkbox"/> ICC(AIR) + War&Srcc <input type="checkbox"/> Total Loss Air Only	BY LAND/ ROAD: <input type="checkbox"/> All Risks Land Transit <input type="checkbox"/> LTC (Ordinary)
13	Loss Experience (if any)			
14	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.

Date: ____/____/____

Signature/Stamp: _____