

MARINE CARGO – PROPOSAL FORM

SECTION 1 - The Proposer

1.1 Full Name:
1.2 Mailing Address:
1.3 Location Address:

1.4 Tel:
1.5 Fax:
1.6 Email:

1.7 Nature of Business (Please provide full description.):

1.8 Number of Years in Business:

SECTION 2 - Cargo

2.1 *Description of Cargo to be shipped:*
2.2 *Size of individual interest:*

2.3 *Type of Packing:*

☐ Cartons

☐ Bundles

☐ Bulk Shipments

☐ Full Container Load

☐ Less Than Container Load

2.4 *Description of Packing, please specify:*

2.5 *Cargo Details:*

☐ Containerized

☐ Door to Door

2.6 **Are you going to be shipping (please tick below and follow the number)-**

☐ An Individual shipment (Facultative) (Please fill number 3)

OR

☐ Multiple shipments (Open Cover) (Please fill number 4)

SECTION 3 - Individual Shipment – Single Policy

3.1 Sum Insured: _____

3.2 Voyage/Transit: From _____ To _____

3.3 Transshipment Port (if any): _____

3.4 Vessel's Name/Flight No: _____

3.5 Age of Vessel: _____

3.6 Estimated Departure Date: _____

Please skip number 4 and go to number 5

SECTION 4 - Multiple Shipments: Open Cover

4.1 Mode of Transit:

- ☐ Road
☐ Rail
☐ Sea
☐ Air

4.2 Maximum Sum Insured Per Shipment: _____

4.3 Voyage/Transit: _____

3.7 Transshipment Port (if any): _____

4.4 Estimated Annual Turnover: _____

4.5 Frequency of Shipments Per Month: _____

From _____	To _____
_____	_____
_____	_____

SECTION 5 - Coverage Required

- ☐ Institute Cargo Clauses (A)
☐ Institute Cargo Clauses (C)
☐ Institute War Clauses (Cargo)
☐ Institute Strike Clauses (Cargo)
☐ Others (Specify):-

SECTION 6 - Standard Clauses

The insurance is subject to the following clauses:

- (a) Institute Radioactive Contamination Chemical Biological Bio-chemical and Electromagnetic Weapons Exclusion Clause
(b) Institute Classification Clause
(c) Institute Cyber Attack Exclusion Clause
(d) Cargo ISM Forwarding Charges
(e) Cargo ISM Endorsement

SECTION 7 - Claims Experience (last 5 years)

Year	Premium Paid (\$)	Claims Incurred (\$)		
		Paid	Outstanding	Total

DECLARATION

I/we agree that after this insurance is completed the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the Company without their consent. To the best of my/our knowledge and belief all the information provided to all the answers in this proposal form are true and I/we have not withheld any material facts.

I/we understand that non-disclosure or misrepresentation of any material fact will entitle the Company to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by the Company. If you are in any doubt as to what constitutes a material fact you should consult the Company or your insurance advisor).

I/we understand that the signing of this proposal form does not bind me/us to complete this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein shall form the basis of the contract between me/us and the Company.

Signature.....

Date...