

**Marine Cargo Proposal Form**

The issuing of this form is not to be taken as an admission of liability by the Insurer.

**1. COMPANY DETAILS**

Company Name .....

Contact Name .....

Phone .....

Fax .....

E-Mail Address .....

**2. DETAILS OF GOODS INSURED**

Goods to be insured .....

Type of Packing  FCL  LCL  Conventional

Maximum Value – (Please State Currency) Any one Vessel/ Aircraft

If by Sea  Barge  RORO  Cargo  Launch  Tanker

Basis Of Valuation  C & F +10%  Fob +10% +10%  Other

Estimated Annual Turnover ( Please State Currency) Imports ..... Exports.....

BILL OF LADING NO.: / AIRWAY BILL NO.: .....

**3. CONVEYANCE**

Mode of Transport  Sea  Air

Voyages From: To:

**4. INSURANCE COVER**

Options (Others please specify)  ICC (A)/ ICC (Air)  ICC (C) & ND

Additional Coverage (Please Specify) .....

One Year  Quarter  Others – Please specify

**5. DURATION OF COVER**

Expected Date of Shipment .....

Expected Date of Arrival .....

**6. CLAIMS**

Claims experience for last 3 years .....

Nature and Type of Loss .....

**ANY OTHER COMMENTS**

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The undersigned applicant declares that the proposal form has been read and answered to the best of His/ Her knowledge and belief. The answers are correct and complete in every respect. Applicant consents to this proposal forming basis of insurance issued by Underwriters, if a policy be issued.

Issued at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Signature