



Policy No. _____

A. Proposer's Information

1. Title _____ 2. Full Name/Business Name _____

3. Alias _____ 4. National ID #/Business Reg. ID # _____

5. Sex M F M S D O 6. Marital Status _____

7. Home Address (Building Name/Apt. No., Parish, Country) _____ 8. Telephone _____

9. Business Address (Building Name/Apt. No., Parish, Country) _____ 10. Telephone _____

11. Mailing Address (Building Name/Apt. No., Parish, Country) _____

12. Place of Birth _____ 13. Nationality _____ 14. Country of Citizenship _____

15. Occupation and Employer / Nature of Business _____ 17. Date of birth DD / MM / YYYY

YES NO 16. Are you affiliated with any high ranking Government, military or State officials? If yes please state affiliations. _____

18. Is the annual premium to be paid in excess of \$10,000.00 local currency? YES NO If yes, please complete the Declaration of Source of Funds form.

B. Transit Information

1. State extent of journey	From _____ To _____
2. State date - (a) when goods are to be dispatched (b) when journey is to be completed	(a) _____ (b) _____
3. Exact mode of transit	
4. Name and address of Carrier	
5. Are the goods carried at Owner's or Carrier's risk?	
6. State full description of goods	
7. Total value of goods Greatest value of any one article or package	
8. State - (a) how goods are packed; and (b) greatest weight of any one article	(a) _____ (b) _____

DESCRIPTION OF CONVEYANCE

Reg. Letters and Numbers	Make of Conveyance	Horse-Power	Type of Body	Year of Manufacture	Max. Carrying Capacity	Sum Insured

I hereby declare and warrant that the above questions are fully and truthfully answered, that I have not withheld or concealed any circumstance affecting the proposed Insurance and I agree that this declaration and the answers above given, and not any extraneous knowledge or information possessed by the Company, shall be the basis of the contract between me and Sun General Insurance Ltd., and I agree to accept a policy, subject to the conditions prescribed by the Company and expressed in the policy.

Date _____

Signature _____