



A. Applicants details

Mr. Mrs. Miss.

1. First Name _____ 2. Middle Name _____ 3. Last Name _____

4. Address (Home, Street, Parish, Country) _____

(_____) (_____) _____

5. Telephone _____ 6. Cellular _____ 7. Email Address _____

8. Policy Number _____ 9. Certificate Number _____

\$ _____

10. Sum Insured _____ 11. Reference Number _____

12. Name of Vessel _____ 13. Type of Vessel (M/Vessel, Steamship) Air Carrier, Schooner etc _____

_____ DD / MM / YYYY

14. Age of Vessel Years _____ 15. Sailing Date _____

B. About the Cargo

16. Commodity (quantity & type of packaging) _____

17. Place where goods are stored on vessel _____

18. Voyage of insurance and transhipment _____

C. Conignee's Information

Mr. Mrs. Miss.

19. First Name _____ 20. Middle Name _____ 21. Last Name _____

22. Address (Home, Street, Parish, Country) _____

(_____) (_____) _____

23. Telephone _____ 24. Cellular _____ 25. Email Address _____

D. Finally

26. Conditions of insurance _____

27. Warranty _____

28. Excess of Franchise _____

DD / MM / YYYY _____

29. Date of Contract _____ 30. Claims Experience _____

31. Maximun Any one Shipment - Value _____

32. Estimated Annual Value _____

33. Bottom Limlit per Shipment _____

34. Premium _____

35. Rate _____

36. Stamp Duty _____

E. Period of Insurance

DD / MM / YYYY DD / MM / YYYY

37. Start Date _____ 38. End Date _____

F. Signature

I/We hereby declared that to the best of my/our knowledge and belief the particulars and answers are true and correct and that I/we have not withheld any information calculated to influence a decision in regards to this proposal.

Date DD / MM / YYYY Signature _____

(Signing this form does not bind the Proposer to complete the Insurance, but it is agreed that this form shall be the basis of the Contract should the Insurance be affected).