

Marine Cargo Insurance Proposal Form

Proposer Details

- a) Name
- b) Address
- c) NTN/STN
- d) Contact #

Cover Requirement

- a) Annual Policy
- b) Open Policy

- 1) Annual Policy is issued by charging premium in advance upon issuance of the cover on the basis of estimated annual turnover.
- 2) Open Policy is issued to provide cover and premium is charged against every shipment made against the policy.

Type of Cover

Please confirm coverage for all risks as provided under Institute Cargo and Rail/Road Cargo Clauses.

- a) Yes _____
- b) No _____

In case of No/any specific coverage requirement please provide details :

Excess required (in addition to any compulsory excess we may apply) ?

- a) Yes _____
- b) No _____

If yes please provide details :

Subject Matter to be insured

Please provide complete details of subject matter required to be insured :

Will any of the subject matter be shipped in bulk ? a) Yes _____ b) No _____

Please provide detail in case of Yes

If subject matter is not shipped in bulk please confirm packing as :

- a) Cartons
- b) Bags
- c) Crates
- d) Drums
- e) Bundles
- f) Other, please provide detail _____

Please advise if the subject matter is :

- a) New
- b) Used/second hand
- c) Fresh
- d) Chilled
- e) Frozen

Please confirm if subject matter will in fully enclosed shipping containers Yes _____ No _____

In case of No please provide details of shipping _____

Please indicate (tick appropriate) if subject matter is :

- a) over-height/over-width unable to fit into fully enclosed container
- b) of a type which requires special lifting equipment for loading/unloading
- c) required to be kept within a specific temperature range
- d) of a type which needs replenishment of refrigerant
- e) fragile
- f) susceptible to rust, oxidation or discolouration
- g) subject to on-deck bills of lading

Please provide details of special instructions given to packers, carriers, shipping or forwarding agents for the safe carriage of any goods marked above

Voyage Detail

Please give details of countries you will be importing subject matter from with percentage of total imports for every country

Please give details of countries you will be exporting subject matter to with percentage of total exports for each country

Please provide details of your inland transit shipments with percentage of total transits for every station

Conveyance

Please confirm the following :

1) Imports

a) By Sea _____ %age _____

b) By Air _____ %age _____

2) Exports

a) By Sea _____ %age _____

b) By Air _____ %age _____

3) Inland Transit

a) By Road _____ %age _____

b) By Air _____ %age _____

Valuation

Please provide details of valuation of goods :

1) Imports value + 10%, Yes _____ No _____, Please specify if NO _____

2) Exports value + 10%, Yes _____ No _____, Please specify if NO _____

3) Inland Transit value +10%, Yes _____ No _____, Please specify if NO _____

Maximum value of goods	Imports	Exports	Inland Transits
Any one conveyance			
Any on location			
Annual Aggregate			

Method of Declaration

Please specify if declaration is meant for :

Annual Policy Value of goods insured _____ or annual turnover _____

Annual amounts shipped during :

- 1) Current year : Imports _____ Exports _____ Inland Transits _____
2) Previous year : Imports _____ Exports _____ Inland Transits _____

Open Policy Weekly _____ or each shipment _____

Claims Experience

Please provide claims details covering year-to-date and the last three years

Description	Year	Year	Year
Claims Paid			
Claims Outstanding			
Number of Claims			

Please provide details of all claims over the past three years

Please specify details of risk management measures taken to minimize claims

Are there any claims or actions pending or outstanding against you ?

- a) Yes _____ b) No _____

If yes please provide details :

Insurance History

Please provide details of your previous or current insurers :

Has any insurer ever declined insurance cover or imposed any special conditions ?

- Yes _____ No _____

If yes, please provide details _____

Has any insurer ever cancelled or refused to renew your insurance ?

Yes _____ No _____

If yes, please provide details _____

Declaration

I/We declare that I/we have read and understood the duty of disclosure and policy conditions contained herein and confirm that no information has been withheld which could effect the acceptance of this application.

Name of proposer	
Signature & stamp of proposer	Date : - - 201

Note : No insurance cover is provided until the above proposal form has been accepted and coverage details are confirmed in writing by askari general insurance co. ltd.