

Details of Shipment(s)

<p>2. (a) Details of Cargo to be insured</p> <p>(b) Is it new or second hand?</p> <p>(c) Method of Packing</p> <p>(d) Will cargo be containerised?</p> <p style="padding-left: 20px;">If yes, will it be a full container load from door to door or groupage container service from a central depot?</p> <p>(e) Terms of sale</p> <p>(f) Insured Value any one consignment</p> <p>(g) Limit any one item/package</p> <p>(h) Total Value of all your consignments on vessel</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Voyage

<p>3. (a) Country(ies) where risk(s) normally commence</p> <p>(b) If from inland, type of transportation used</p> <p>(c) Will any transshipment be involved?</p> <p style="padding-left: 20px;">If 'Yes' please state the name of port/harbour</p> <p>(d) Will any "on deck" shipments be involved?</p> <p>(e) Please give details of vessel(s) if possible</p> <p>(f) Where does the risk terminate?</p> <p style="padding-left: 20px;">If inland, name of haulage contractor(s):</p>	<p>.....</p> <p>.....</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Other Information

4. (a) Please state estimated annual value of:

(i) Imports

(ii)

(b) Conditions of insurance required:

Clause (A) • Clause (B) • Clause (C) •

Claims Experience For Last 3 Years

Year	Claims Paid		Claims Outstanding	
	Number	Amount	Number	Amount
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Present Insurers		\$	Excess	\$

Claims Experience For Last 3 Years cont'd

Please supply full details of any major loses:

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SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed by Proposer

Name (Please print)

Signature

Date