



MARINE CARGO INSURANCE – PROPOSAL FORM

INSURED: _____

ADDRESS: _____

INSURANCE INTEREST AND INVOICE VALUE: _____

BASIS OF VALUATION: _____

HOW PACKED: _____

VESSEL: _____

SAILING DATE: _____ **FROM:** _____ **TO:** _____

INCLUDING TRANSHIPMENT AT: _____

SUM INSURED: _____

CONDITIONS: _____

MARKS AND NUMBERS: _____

BILL OF LADING NO.: _____

EXPECTED DATE OF ARRIVAL: _____

SIGNATURE: _____

ATTACH COPY OF INVOICE FOR GOODS

FOR OFFICE USE ONLY

MARINE RISK: _____ % PREMIUM: _____

WAR RISK: _____ % PREMIUM: _____

STAMP DUTY: _____

TOTAL: _____ AGENT: _____