



MARINE OPEN COVER INSURANCE – PROPOSAL FORM

1. NAME OF COMPANY _____
2. ADDRESS _____
3. LIST OF ITEMS TO BE IMPORTED _____

4. **SHIPMENT:** SEA FREIGHT _____ AIR FREIGHT _____
5. (a) Nature of Packing _____
(b) Containers _____
(c) If Yes, Full Load: _____ or Less Than Full Load: _____
6. COUNTRIES OF ORIGIN _____
7. FINAL WAREHOUSE (S) AT FINAL PLACE(S) OF DESTINATION: _____

8. TYPE OF COVER REQUIRED: _____
9. BASIS OF VALUATION: _____
10. LIMIT PER ANY – ONE VESSEL: _____
11. TRANSHIPMENT AT: _____
12. ARE CLASSED VESSELS USED? _____
13. AVERAGE AGE OF VESSEL(S): _____
14. LIMIT PER CONVEYANCE: _____
15. LIMIT PER LOCATION: _____
- 16. NAME OF CARGO SURVEYORS**
 - (a) Port of Loading : _____
 - (b) Port of Discharge: _____



MARINE OPEN COVER INSURANCE – PROPOSAL FORM

17. ESTIMATED ANNUAL TURNOVER: _____

18. LOSS HISTORY FOR THE LAST FIVE (5) YEARS: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

NAME OF AGENT : _____

AUTHORISING OFFICER: _____

REMARKS: _____
