

MARINE CARGO INSURANCE PROPOSAL FORM

Broker/Agency Name: Policy No:

A. COMPANY/PROPOSER DETAILS

Company Name:
Company Registration number: Company VAT No:
Business Description:
Physical Address:
Postal Address:
Telephone: Cell number:
Email Address:

B. DETAILS OF VESSEL/CONVEYANCE

Name of Conveyance:

Method of Transportation:

Transit:	Road	Rail	Air	Post
Imports:	% of annual value IMPORTS	% of annual value EXPORTS	% of annual value INLAND TRANSIT	

FCL door to door

LCL

Air Freight

Breakbulk

Estimated Date of Departure (ETD): Estimated Date Arrival (ETA):

Voyage From:
Via:
To:

C. LIMITS

Maximum any one vessel and aircraft conveyance:

Maximum any one location:

Maximum any one storage location:

D. PACKING DETAILS

Individual packing e.g. cartons / wooden crates / palletised, as well as whether it is containerized or break bulk / bulk, etc.)

Cartons

Crates

Pallets

Breakbulk

Other (Specify

E. VALUES AS PER BASIS OF VALUATION

	Annual value	% of annual value CIF/DDP/DDU	% of annual value FOB/CFR
Annual Value of goods imported:			
Annual Value of goods exported:			
Annual Value of local purchases:			
Annual Value of sales turnover:			
Annual Value of goods conveyed from insured premises:			
Annual Value of inter-branch transfers:			

F. BASIS OF VALUATION (INDEMNITY CALCULATION)

Imports: Delivered cost at destination plus:

Exports: Cost of Insurance and freight plus 10%:

Intercompany transfers: Cost price as per stock list plus freight:

Storage: Cost price as per stock list:

Secondhand / other than new: Secondhand market value and shipping costs / freight plus insurance:

Perishable / fresh produce: Market value on date of intended sale less costs not incurred:

Other: Please explain:

G. INSURANCE HISTORY

Previous Insurer:

Reason for Cancellation

Current Insurer:

Claims history (5 years)

Year	Gross premium	Gross losses / claims	Outstanding /rejected losses /claims
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Critical Areas of Loss:

Risk management measurements (i.e satellite tracking /FSI claps / pre-clearance etc.)

H. DECLARATION

I / We declare that the information and answers given in this form are true to the best of our knowledge and belief

I / We have not misstated or suppressed any material facts that might influence the assessment of the risk.

I/We also understand that completion of this form does not bind the Insurer or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Full Name

Designation

Date

Signature