

PROPOSAL FORM- MARINE CARGO INSURANCE

Ref. No.....

Date.....

We hereby declare the following shipment / s as per details given below and request you to cover the same under Marine Cargo Policy.

1. Nature / Type and Quantity of goods :
2. Sum Insured (i.e. C & F plus 10%) :
3. Type of packing :
4. Voyage / Transit : From :
To :
5. Mode of Conveyance / Vessel Name :
6. Date of Sailing / Departure :
7. Name of Supplier / Shipper :
8. Bill of Lading / Airway Bill No. / Consignment Note No. and Date :
Transporter's Name :
9. Purchase Order / Supplier's Invoice reference :
10. Any other Material Information :
11. Risks to be covered (i.e. ICC (A) / ICC (Air)/ Goods in Transit (War & Strike) (Not for G.I.T):

Date:.....

(Signature of Proposer with
Company Seal)