

Proposal Form

Marine Cargo Open Cover

1. Open Policy to be in name of _____
 Address _____
 (N.B. If Open Cover required to be in joint name of a bank, please state name of bank.)
2. Date from which Open Cover is required _____
3. Subject - matter to be insured and type of packing used:
 Subject - matter _____ Packing (i.e. Carton/Wooden Case/Others) _____

4. Estimated Annual Turnover _____
5. Method of Transit (i.e. By Container Vessels, Conventional Vessels, Aircraft, Air/Sea Parcel Post, Courier, etc.) _____
6. Voyage _____

7. Conditions [i.e. ICC(A), (B), (C), (Air), TPND, War, Strikes, etc.] _____
8. Limits of Liability required
 - a) Any one vessel / Any one location _____
 - b) Any one aircraft and connecting conveyance _____
 - c) Any one parcel _____
 - d) Any one Container Truck/Truck/Train & connecting conveyance _____
 - e) Any one shipment by courier _____
9. The shipments insured under this Open Cover are to be valued at C.I.F./C. & F./F.O.B. * Invoice Value (*delete where inappropriate) plus _____% unless declared to the company prior to any shipment and prior to any known or reported loss.
 where inappropriate) plus _____% unless declared to the Company prior to any shipment and prior to any known or reported loss.
10. Details of previous insurers and claims for past three years _____

11. Remarks
 The Insured warrants that during the currency of this Policy they will declare to the Company all shipments to which this Policy attaches, on their receiving advices thereof, or as soon thereafter as may be practicable; failure to so declare shall at the Company's option render this Policy void from the date of such failure.

Date _____

Applicant's Signature & Stamp _____