

Marine Cargo Insurance Proposal Form

Type of Policy:

- One Time Shipment
 Marine Open Policy

Name of Assured : _____
Address : _____
Nature of Business : _____
Telephone # : _____
Cargo : _____
Value/Limit of Liability: _____
Mode of Packing : _____
Mode of Transport : _____
 Truck
 Marine Vessel
 Air

Details of Truck/Vessel/Air: _____

Port of Origin : _____
Port of Destination : _____
Name of Consignee : _____
Address : _____
Voyage Date : ETD: _____ ETA: _____

Coverage Desired : _____
ICC "A" _____
ICC "B" _____
ICC "C" _____
TLO _____
TRC _____
TRC with Robbery & Hi-jacking _____

For Marine Open Policy:

Annual Volume _____
Frequency of Shipment _____

Previous Inuser : _____
Loss Experience for the Past Five (5) years: _____
Mortgagee : _____

Requested by:
