



PROPOSAL FOR MARINE CARGO INSURANCE

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

1. Assured Name: _____

2. Nature of Business: _____

3. Address: _____

Tel: _____ Fax: _____

Email Address: _____ Date of Birth: _____ (Day) _____ (Month)

4. **CARGO PROPOSED FOR INSURANCE:**

(i) Describe in detail the cargo proposed for insurance (enclose copies of the invoice or proforma invoice, or import license, or catalogs if available) _____

(ii) Describe the nature of packing _____

(iii) If containerized, state whether:

(a) Full container load

(b) Less container load

(Complete 4: (iv) and (v) if you are applying for a voyage policy)

(iv) Package marks and numbers _____

(v) Invoice/Proforma invoice No. _____

5. VOYAGE:

- (i) Name of vessel _____ Voyage flight No. _____
- (ii) Port of loading _____ Port of discharge _____
- (iii) Date of loading / Sailing; From: _____ To: _____ Bill of lading/airway bill No. _____
- (iv) Port of transshipment (if any) _____
- (v) Estimated date of Arrival _____

(Complete 5 (vi) and (vii) if you are applying for an open policy)

- (vi) Principal countries from which the goods are imported: (indicate % of total coming from each country)

- (1) _____ (2) _____
- (3) _____ (4) _____

- (vii) Modes of conveyance(s) _____

6. VALUES DECLARED:

- (i) The basis of valuation: Amount of invoice + freight + _____ % _____
- (ii) Amount declared for insurance: GHç _____

(Complete 6 (iii) and (iv) if you are applying for an open policy)

- (iii) Limits of insurance:

- By any one vessel: GHç _____ By any one aircraft: GHç _____
- By any one year: GHç _____

	Imports	Exports
(iv) Insured volume during the last 12 months	GHç	GHç
Estimated volume to be insured for the next 12 months	GHç	GHç
Estimated value per shipment	GHç	GHç

7. PREVIOUS INSURANCE

(i) Please give the name(s) of insurer(s) for the past 3 years (Complete a separate line for each year)

	Name of insurer	Name of brokers/agent
1		
2		
3		

(ii) Premium and losses experience for the past 3 years (Give full details of all losses and premiums paid in respect of marine-cargo insurance, losses paid and outstanding for the past 3 years. Complete a separate line for each year)

Year	Premiums paid	Losses paid	Losses outstanding
1	Imports		
	Exports		
2	Imports		
	Exports		
3	Exports		
	Imports		

8. INSURING CONDITIONS

(i) Institute cargo clauses (A) (B) (C) (Air)

(ii) Institute bulk oil clauses (Air Cargo)

(iii) Institute war clauses (Cargo) (Air Cargo)

(v) Duty clause

9. Remarks: (Any additional information) _____

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Date: _____

Signature: _____

Agent / Broker: _____