



GIT/MARINE CARGO INSURANCE PROPOSAL FORM

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgment and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not

Details of Proposer

1.(a)Name of Proposer:
(b) Address:
(c) Phone No:
(d) Email address:
(e) Trade or Business:
(f) Period of Insurance:	From
	To

Details of Shipment(s)

<p>2. (a) Details of Cargo to be insured</p> <p>(b) Is it new or second hand?</p> <p>(c) Method of Packing</p> <p>(d) Will cargo be containerised? If yes, will it be a full container load from door to door or groupage container service</p> <p>(e) Terms of sale</p> <p>(f) Insured Value any one consignment</p> <p>(g) Limit any one item/package</p> <p>(h) Total Value of all your consignments on vessel</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Voyage

<p>3. (a) Country(ies) where risk(s) normally commence</p> <p>(b) If from inland, type of transportation used</p> <p>(c) Will any transshipment be involved? If 'Yes' please state the name of port/harbour</p> <p>(d) Will any "on deck" shipments be involved?</p> <p>(e) Please give details of vessel(s) if possible</p> <p>(f) Where does the risk terminate? If inland, name of haulage contractor(s):</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Other Information

<p>4.</p> <p>(a) Please state estimated annual value of:</p> <p>(i) Imports</p> <p>(ii)</p> <p>(b) Conditions of insurance required:</p> <p><input type="checkbox"/> Clause (A) • <input type="checkbox"/> Clause (B) • <input type="checkbox"/> Clause (C) •</p>	<p>.....</p> <p>.....</p> <p>.....</p>
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Claims Experience For Last 3 Years

Year	Claims Paid		Claims Outstanding	
	Number	Amount	Number	Amount
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Present Insurers		\$	Excess	\$

Claims Experience For Last 3 Years cont'd

Please supply full details of any major loses:

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SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed by Proposer

Name

Signature

Date