



**MARINE (CARGO) INSURANCE PROPOSAL**

Proposal No.....

Agency code no.....

<ul style="list-style-type: none"> <li>• Name &amp; Address of the Company &amp; Firms or Persons proposing business</li> </ul>	
<ul style="list-style-type: none"> <li>• Contact Number</li> </ul>	<b>Mobile/Tell No</b> <b>Email No.</b>
<ul style="list-style-type: none"> <li>• Value of consignment with CIF/ without CIF</li> </ul>	
<ul style="list-style-type: none"> <li>• Insurance interest &amp; invoice Values.</li> </ul>	
<ul style="list-style-type: none"> <li>• Description of goods to be insured.</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Mode of packing</b></li> <li>• <b>Number of packages</b></li> <li>• <b>weight of each package &amp; marks &amp; Numbers</b></li> </ul>	
<ul style="list-style-type: none"> <li>• Mode of Transport</li> <li>• Please state the maximum limit (value of goods to be carried by each conveyance i.e. vessel, lorry etc.)</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Description of voyage / transit</b> <ol style="list-style-type: none"> <li>a) State the place of commencement of voyage/transit and place of destination including the name if any port or place of transshipment</li> <li>b) State the type of conveyance i.e. by lorry, railway, air or vessel.</li> <li>c) If conveyance be by vessel, state sailing date, name of carrying vessel, if it is known otherwise, it will be presumed that it is an approved streamer(s) as per Institute Clause.)</li> <li>d) Place where transit commences and terminates</li> </ol> </li> </ul>	
<ul style="list-style-type: none"> <li>• Please give R/R, C/N, B/I No. Bill of lading no. &amp; date</li> </ul>	
<ul style="list-style-type: none"> <li>• Please state scope of coverage desired and also whether War risks and / or Strike, Riot &amp; Civil Commotion risks insurance are to be included)</li> </ul>	<b>Yes /No s</b>
<ul style="list-style-type: none"> <li>• Conditions ( All Risk / Road basic risk )</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Rate.</b></li> </ul>	<b>Premium Nu.</b>

Signature of the Proposer

Date.....

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***YOUR INSURER OF CHOICE***

*Chorten Lam, Post Box No 779, Ph.339893/339894 Fax No.339895*