

# Marine Insurance Application Form



## APPLICANT INFORMATION

Family name: -----			
<i>First</i>	<i>Middle/Father's</i>	<i>Last</i>	
Company Name: -----			
<i>First</i>	<i>Middle/Father's</i>	<i>Last</i>	
Date of birth: -----/-----/-----		Nationality: -----	
Address: -----			
Telephone No.:	Home	Mobile	Office
	-----	-----	-----
Occupation: -----			
Requested period of insurance:	From: -----/-----/-----	To: -----/-----/-----	

## SHIPMENT INFORMATION

Conveyance:	Sea: -----	Air: -----	Land: -----
Packing: -----			
Supplier: -----		Vessel: -----	
Country from: -----		Destination to: -----	
Trans – shipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## DESCRIPTION OF GOODS

Nature of Goods: -----
Sum insured: -----
L/C No.: ----- Proforma Invoice No: -----

## COVERAGES

Institute cover clause: -----
Additional coverages: -----

## PREMIUM

Total Rate: -----
Total Premium: \$ -----
Remarks: -----
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## STATEMENT

We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the insurers are liable in the terms of this Policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

Name: -----

Date: -----/-----/-----

Signature: \_\_\_\_\_