

Marine Insurance Policy

## **Proposal Form**

Name of the Proposer					
Address					
'Phone No.	E-mail	Fax			
COMPANY DETAILS					
Accounting Year:					
RISK DETAILS					
1. Period of Insurance:					
2. Nature of Goods:					
2(a). In case machine(s) is/are included, specify if brand new or second hand:					
2 (b). If machine(s) is/or second hand, year built:					
3. Nature of Packing					
4. Policy Type (Imports/ Exports/Inland/Two Third Country)					
5. Estimated Annual Sales Turnover:					
6. Initial Sum Insured:					
7. Per Bottom Limit:					
8. Per Location Limit:					
9. Voyage:					
10.Mode of Transit:					
11.Basis of Valuation					

13.	Existing	Policy	details
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14. Past experience details (Last three years, year wise, Turnover, premium and Claims)

15.Additional Details of Claims in previous years.

16 Cover:

17 Additional Extensions Required

Signature

Date

Place

Marine Cargo -Insurance Policy UIN: IRDAN106P0007V01200102