

## PROPOSAL FOR MARINE CARGO INSURANCE

1.	Name of Proposer	
2.	Address	
3.	Telephone Number	
GOODS	S TO BE INSURED	
Insurar	nce Interest and Invoice Value	
How pa	acked	
Marks	and Numbers	
Sum to	be insured: ¢ Duty ¢ Duty	= ¢
VOYAG	<u>BE</u>	
From: .	To:	
Transh	nipment at :	
	of Vessel:	
	§ Date:	
Cover r	required :	

## **DECLARATION**

I/We hereby warrant the truth of the above statements and particulars and agree that they shall form the basis of any contract between me/us and the Company. I/We understand and accept that the person completing this Proposal is acting as my agent and I/We accept responsibility for his actions in this capacity.

FOR COMPANY USE ONLY				
	RATE	PREMIUM		
Marine				
Var				
Total				
Excl				
Accepted	DIG			