



Marine Cargo Insurance Proposal Form

Insured Information's

Date:
 Company name:
 Bank name (If by LC):
 Contact person: Contact no:

Shipment Details

Description of goods / Subject matter:

 Value of goods / Sum insured:
 Invoice no: Invoice date:
 Marks & numbers:
 Bill of lading no: Bill of lading date:
 Any other information:
 Goods containerized Yes No
 Basis of valuation: CIF CNF FOB

Voyage Details

Voyage (country / Port):
 If transit (Country / Port):
 Sailing on / about:
 Vessel name / Aircraft:
 Mode of Transport: Sea Air

Clauses and Conditions

Institute Cargo Clause (A)	<input type="checkbox"/>	Institute War Clause	<input type="checkbox"/>
Institute Cargo Clause (B)	<input type="checkbox"/>	Institute Strike clause	<input type="checkbox"/>
Institute Cargo Clause (C)	<input type="checkbox"/>	Other Clauses	<input type="checkbox"/>

Signed for and on behalf of the Proposer / Assured

For office use only

Rate: Policy no:
 Exchange rate: Excess / deductible:
 Confirmed by:
 Confirmed date:

Premium: