



MARINE CARGO PROPOSAL FORM

General Information

Company's Name			
Address			
Vat No.		Tax Dept.	
Phones		Fax	
Website		e-mail	
Date Of Establishment		Annual Turnover	
Please describe the type of Insurable Interest			
Please provide percentage of total annual turnover transported by the following methods	Sea	Road	Rail Air
Please specify if own means of transportation used or third parties involved in the transportation of the cargo			
Please specify type of transportation	Containers ...%	Bags %	Bulk Packaged
Where does cargo originate from and where it is destined			



Claims record last 5 years	Year	Amount	No of Claims
	2012		
	2013		
	2014		
	2015		
	2016		
Maximum transit limit			
Average transit limit			
Basis of Valuation			
Warranties			
Security Measures			
Deductible			

DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and those we have not misstated or suppressed any material facts that might influence assessment of the risk. We also understand that completion of this form does not bind Greenwoods and/or Underwriters or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with you.

Completed by:

Position:

Date:

Signature: