

Marine Cargo Insurance Proposal Form:

AGENT/BROKER

ACCOUNT NO.

POLICY NO.

SECTION 1 : PERSONAL DETAILS

a) Full Name of Proposer

b) Contact Details (tel): (mobile):
 (email):
 (postal): (code): (town / city):

c) Proposer PIN Number: (attach a copy)
 ID Number: (attach a Copy)

d) Period of Insurance; from to

SECTION 2 : OCCUPATION / NATURE OF BUSINESS

Type and description of goods / subject matter to be insured.	
Sum insured in Kshs.	
Interested Financier	
Basis of Value <ul style="list-style-type: none"> • Cost +Freight • VAT +Duty • 10% Loading 	
Mode of Packing	
Mode of Conveyance Seafreight or Airfreight	
Voyage Address	Port of Loading:
	Port of Discharge:
Name and Age of Vessel Aircraft	
MARKS / NUMBERS (eg Container details or Number)	
Name of Suppliers	
Estimated Dates of: Departure	
Arrival	
Additional Cover (Tick as Appropriate) <i>Please note that this will attract additional premium</i>	
1. Transhipment YES <input type="checkbox"/> NO <input type="checkbox"/>	3. Storage Beyond 60 Days YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Concealed Losses YES <input type="checkbox"/> NO <input type="checkbox"/>	4. Duty/VAT YES <input type="checkbox"/> NO <input type="checkbox"/>

DECLARATION

I/We declare the truth and correctness of the above statements and particulars and agree that this proposal and declaration shall be held to be promissory and form the basis of the contract between me/us and the Company.

Signature/ and stamp of Proposer

Date