



Name of Proposer: _____

Address: _____ Telephone: _____

Present Insurer(s): _____ Premium Rate: _____

Type of Goods: _____

Imported/Exported (delete as necessary) Packing: _____

B.O.V. _____
(Basis of Valuation, e.g. Invoice Cost Only, Landed Cost, Cost + x%, ect.)

Conveyance(s): _____

Voyage(s): _____
(Geographical Limitations)

Shipping Company: _____

Maximum Limit (Sum Insured) any one conveyance: _____

Approximate Annual Turnover: _____

Claims Experience: _____

Comments: _____

Submitted to Marine Department by: _____ Dated: _____