



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: \_\_\_\_\_