

Insurance Application Form

NAME OF ASSURED:..... _____

ADDRESS:..... _____

TELEPHONE NO..... _____

FROM:..... _____

TO:..... _____

CONSIGNEE'S ADDRESS AT DESTINATION: _____

NAME OF VESSEL / AIRFREIGHT. :..... _____

ESTIMATED DATE OF SHIPMENT:..... _____

CALCULATION OF INVENTORY LIST

GRAND TOTAL

MARINE INSURANCE	US\$	<input type="text"/>
AIR INSURANCE VALUE	US\$	<input type="text"/>

DECLARATION OF THE PROPOSER

I DECLARE THAT I HAVE READ THE TERMS OF COVER ON THE CERTIFICATE OF MARINE INSURANCE AND UNDERSTAND THAT THESE FORM THE BASIS OF THE PR
I KNOW THAT THERE IS NO COVER FOR STORAGE, OTHER THAN IN THE ORDINARY COURSE OF TRANSIT, AND NOT MORE THAN 30 DAYS FROM TIME OF ARRIVAL
I ALSO DECLARE THAT THE AMOUNTS SHOWN ARE THE FULL REPLACEMENT VALUES OF THE GOODS AT DESTINATION. (VALUABLE ITEMS & ARTICLES HAVE TO
I CONFIRM THAT I HAVE DECLARED ALL ITEMS WITH ALL DETAILS REQUESTED.

I KNOW THERE IS NO COVER FOR VALUABLE ITEMS SUCH AS JEWELRY, MONEY, CAMERAS, GLASSES, MONEY ETC.

I HAVE LISTED SEPARATELY ALL ITEMS OF ABOVE AVERAGE VALUE AND PROVIDED A DETAILS LIST OF ALL OWNER PACKED ITEMS.

I KNOW THAT THE INSURANCE POLICY IS SUBJECT TO AN EXCESS (DEDUCTIBLE)

IN THE EVENT OF LOSS OR DAMAGE WHICH MAY GIVE RISE TO A CLAIM UNDER THIS INSURANCE. NOTICE MUST BE GIVEN WITH IN 14 DAYS FROM TIME OF ARRIV
LOSS AND/OR DAMAGE DUE TO MECHANICAL, ELECTRICAL AND/OR ELECTRONIC DERANGEMENTS ARE EXPRESSLY EXCLUDED FROM THIS INSURANCE.

THIS INVENTORY VALUATION LIST & THE CERTIFICATE OF MARINE INSURANCE ARE INSEPERATELY PART OF THE MAIN OPEN POLICY.

SIGNATURE:..... _____ DATE:.....

OPOSED CONTRACT BETWEEN ME AND INSURERS.
OF GOODS TO THE INTENDED DESTINATION.
BE ITEMIZED SEPARATELY).

'AL OF GOODS TO THE INTENDED DESTINATION.