



Bannerman Rendell

Lloyd's Insurance Brokers

Bannerman Rendell Limited
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MARINE CARGO INSURANCE

PROPOSAL FORM

1) NAME OF ASSURED:

.....

.....

(Please include names of all associated/affiliated/subsidiary companies)

2) ADDRESS OF ASSURED:

.....

.....

.....

3) TELEPHONE NUMBER:

4) FACSIMILE NUMBER:

5) CONTACT NAME & POSITION:

6) NATURE OF ASSURED'S BUSINESS:

7) PRINCIPAL CARGOES TO BE INSURED:

.....

(Please give full details, particularly in respect of fragile or perishable goods)

8) DETAILS OF PACKING:

.....

9) BASIS OF VALUATION REQUIRED: COST, INSURANCE & FREIGHT (CIF) PLUS.....%
OTHER.....

10) GEOGRAPHICAL LIMITS

REQUIRED:

- a).....TO WORLD.
- b) WORLD TO.....
- c) WORLD TO WORLD.
- d)SPECIFIC VOYAGES
-
-

11) COMMENCEMENT DATE

REQUIRED:

12) CONDITIONS OF INSURANCE

REQUIRED (If known):

.....

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.....

.....

13) MAXIMUM SUM INSURED:

CURRENCY: []..... Any one vessel or conveyance.
.....Any one location.

14) INSURED TURNOVER DURING PAST 12 MONTHS:

EXPORTS: **IMPORTS:**

15) ESTIMATED INSURED TURNOVER FOR COMING 12 MONTHS:

EXPORTS: **IMPORTS:**

16) ESTIMATED AVERAGE SUM INSURED PER SHIPMENT:

EXPORTS: **IMPORTS:**

17) PRINCIPAL COUNTRIES TO WHICH GOODS ARE EXPORTED (Please indicate percentage involved for each country):

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18) PRINCIPAL COUNTRIES FROM WHICH GOODS ARE IMPORTED (Please indicate percentage involved for each country):

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19) IS ANY COVER REQUIRED FOR STORAGE, EITHER PRIOR TO SHIPMENT OR UPON ARRIVAL AT FINAL DESTINATION:

20) IF YES, PLEASE GIVE DETAILS OF STORAGE LOCATIONS AND MAXIMUM PERIOD OF STORAGE REQUIRED:
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.....
.....

21) NAME OF CURRENT BROKER (If applicable):

22) NAME OF CURRENT INSURER (If applicable):

23) PREMIUM AND CLAIMS EXPERIENCE OVER PAST FIVE YEARS (Or as many as possible):

YEAR:	PREMIUM:	CLAIMS:
.....
.....
.....
.....
.....

24) PLEASE GIVE ANY OTHER RELEVANT INFORMATION WHICH WILL ENABLE UNDERWRITERS TO FULLY ASSESS THE RISK. (Please attach any printed information/leaflets/brochures/advertising material relating to the business):
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.....

THE ABOVE INFORMATION WILL BE ADVISED TO UNDERWRITERS AND WILL FORM THE BASIS OF ANY INSURANCE CONTRACT BETWEEN UNDERWRITERS AND THE ASSURED. APPLICANTS SHOULD REVEAL ALL MATERIAL FACTS, AS NON-DISCLOSURE OF SUCH FACTS MAY PREJUDICE THE VALIDITY OF THE INSURANCE. IF IN DOUBT AS TO WHETHER A FACT IS MATERIAL, THE APPLICANT IS ADVISED TO INCLUDE THE SAID FACT.

SIGNATURE OF APPLICANT:
NAME:
POSITION:
DATE: