

MARINE CARGO PROPOSAL

Broker / agency name:

Broker **contact person:**

Insured / company details

Name / company **trading name:**

Company **registration number:**

Insured's **VAT number:**

Description of business:

Physical address:

Postal address:

Telephone number: **Fax** number:

E-mail address:

Cell number: **Emergency** contact number:

Limits

Maximum any **one vessel and aircraft** and conveyance:

Maximum **any one location** (NB: not storage):

Maximum any **one storage location:**

Full description of cargo / goods imported / exported

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Packing details

Individual packing e.g. cartons / wooden crates / palletized, as well as whether it is containerized or break bulk / bulk, etc.)

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Method of transportation (imports)

	% of annual value IMPORT	% of annual value EXPORT	% of annual value INLAND TRANSIT
FCL door to door
LCL
Airfreight
Breakbulk

Method of transportation (transit)

	YES	NO	
Road / own vehicles
Road / outside contractors
Rail
Air
Parcel post

Geographical limits imports / exports from / to / via

Imports from: Via:

Exports to: Via:

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Storage

Are goods stored out of the ordinary course of transit? **Yes / No.** If yes, where and for what period of time?

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Values as per Basis of Valuation

	Annual value	% of annual value CIF/DDP/DDU	% of annual value FOB/CFR
Annual value of goods imported:
Annual value of goods exported:
Annual value of local purchases:
Annual value of sales turnover:
Annual value of goods conveyed from Insured's premises:
Annual value of inter-branch transfers:

Basis of valuation (indemnity calculation)

Imports: Delivered cost at final destination plus:%

Exports: Cost insurance and freight plus 10%:

Inter company transfers: Cost price as per stock list plus freight:

Storage: Cost price as per stock list:

Secondhand / other than new: Secondhand market value and shipping costs / freight plus insurance:

Perishable / fresh produce: Market value on date of intended sale less costs not incurred:

Other: Please explain:

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Previous and current insurer / underwriter (past 5 years and reason for cancellation)

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Five years' **gross claim** and/or loss experience

Year	Gross premium	Gross losses / claims	Outstanding / rejected losses / claims

Any **critical area** of loss:

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Risk management measurements (i.e satellite tracking / FSI claps / pre-clearance etc.)

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Material facts: Please state all other material facts that will influence the risk

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Declaration

Has any Insurer ever: *(if yes to any of the questions below, please attached full details)*

- **Declined** to insure you:
- **Cancelled** your insurance:
- **Refused to renew** your insurance:
- Imposed **special terms**:

I / We declare that the information and answers given in this form are true to the best of our knowledge and belief and that I / we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind the Insurer or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Full name: **Position / designation:**

POPI declaration

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Signature of above authorised representative and **company rubber stamp**

Date: