



MARINE OPEN COVER PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

1. Prospective Client : _____
2. Address : _____
3. Phone / Fax no. : _____
4. Details of Imports / Exports : _____
5. Nature of Packing : _____
6. Containerized or Not : _____
7. Expected Annual Turn Over : _____
8. Max. Value per Shipment : _____
9. Voyage : From _____
: To _____
10. Previous Insurer : _____
11. Claims Experience for 3 years : _____
12. Clauses / Coverage required : _____
: _____
13. Bank Interest (If any) : _____
: _____

We confirm that the details provided above are true and complete to the best of our knowledge.

DATE:

SIGNATURE:

NAME:

DESIGNATION: