



UAP INSURANCE MARINE CARGO PROPOSAL FORM

1) Proposer's Name:

2) Address of the Proposer:

3) Telephone Number:

3) Business/Occupation:

4) Telephone Number : _____

5) Insurable Interest:

6) Packaging of the Goods: ... Loose ... Containerized ... Bulk

7) Classification of the Goods: ... Perishable ... Durable

8) Nature of the Goods:
 ... Non-Hazardous (Above 65.6 °C or 150°F)
 ... Hazardous (Not below 22.8 °C or 73 °F)
 ... Extra Hazardous (Below 22.8 °C or 73 °F)

9) Types of Transportation:
 ... By Land ... By Sea ... By Air

10) Voyage From : _____ To _____ Via _____



11) Voyage Type:

... Port to Port ... Port to Site

11) Per Carry Limit:

--

S.No.	GOODS	Sum Insured / EAT

EAT = Estimated Annual Turnover

12) Required Risk/Coverage:

... Institute Cargo Clause (A)

... Institute Cargo Clause (B)

... Institute Cargo Clause (C)

13) Additional Coverage (if required)

... War... SRCC (Strike Riots Civil Commotion)

We desire to effect Marine Import insurance in terms of the Policy used by the company for this class of insurance and hereby declare that all the above statements and particulars which we have read over and checked, are true and that we have not suppressed, misrepresented or mis-stated any material fact, and we agree that this declaration shall be the basis of the contract between us and the Company.

Dated: _____

Proposer's Signature: _____