

CARGO INSURANCE

PROPOSAL FORM

1. Client Details			
1. Company Name			
2. Contact Person			
3. Mailing Address	PO Box:	City:	Country:
4. Contact info	Mobile:	Email:	
5. Broker Name			
6. Branch			

2. Business Details			
1. Occupation			
2. Terms of Trading if Applicable			
3. No. of Years in Business			
4. Company URL			
5. Turnover	Type	Total Annual Value	Maximum Value per Transit
	Imports		
	Exports		
	Inland Transit		
	Cross Voyage		



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3. Cover Details

1. Type Container Reefer Container Bulk Break Bulk

2. Conveyance Sea Air Land Other

3. Packing Bags Cartons Cases Pallets No Packing

4. Does the Cargo Contain:

4.1 Any Second Hand, Refurbished or Reconditioned Goods? No Yes (Please provide details below)

4.2 Any Temperature Controlled Goods? No Yes (Please provide details below)

4.3 Any Time Sensitive Goods No Yes (Please provide details below)

4.4 Postal Sendings / Exhibitions / Tools & Samples No Yes (Please provide details below)

4. Voyage Routes

	From	To	Annual Amounts
1. Imports			
2. Exports			
3. Cross Voyages			
4. Inland Transits			



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5. Cover Details

1. Estimated Annual Turnover

2. Basis of Valuation *Ex-works* *Ex-works* *FOB*
 C&F *CIF Allowance %*

3. Maximum Per Shipment

4. Cover Required *I.C.C. (A) CL.* *I.C.C. (C) CL.* *War & Strikes*
 Other

5. Payment Method *Cash* *Instalments* *Agreed Credit Terms*

6. Loss Experience

1. Previous Insurer

2. Nature of Claim *Shortages* *Short Landing* *Damages*
 Others

4. In Case of Loss Experience Please Specify:

4.1 Currency

4.2 Last 5 Years Loss History Including the Current Year

4.3 Details of Each and Every Loss in an Annexure

Year	Billed Premium	Paid + O/S Claims	Ratio
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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7. Declaration

I/we declare the above particulars to be true and correct and that the vessel is in sound/seaworthy condition. I/we agree that this shall form the basis of the contract between Oman Insurance Company P.S.C (hereinafter referred to as "Sukoon") and me/us.

I/we agree that any information collected or held by Sukoon (whether contained in application or obtained otherwise) may be used or disclosed by Sukoon to its associate individuals/companies or any independent Third Parties (within or outside UAE) for any matters related to this application, any Policy issued and to provide advice information concerning products and services, which Sukoon believes may be of interests to the Proposer and to communicate with the Proposer for any purposes.

Date

Proposer's Name

Proposer's Designation

Place

Proposer's Signature & Company Stamp