

HEAD OFFICE:

MARINE CLASS PROPOSAL FORM

Agency _____

1. Full Name _____ Residential Address _____

2. Email _____ Telephone numbers mobile _____ Office _____

Are you a politically exposed ? Yes No

3. Trade or Occupation _____ Contact Person (If corporate) _____

4 .Please select cover type and category required

	Goods In Transit (I)	Marine Cargo (II)	Marine Hull (III)
Cover Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Category	Open cover <input type="checkbox"/>	No. _____	Single Transit <input type="checkbox"/>

1. **SECTION I & II**

Conveyance		AIR	ROAD	RAIL	INLAND WATER	DETAILS
Please tick	Export					
	Import					
	Domestic					

2. Certificate No. _____ Type of Cargo _____ Type of Packaging _____

Voyage form _____ Voyage to _____ Via _____

Vessel _____ Loading at _____ Date _____

Port of discharge _____ Transshipment _____ Bill of lading No. _____

3. Cover required I.C.C.(A) I.C.C.(B) I. C.C.(C) WAR S .R.C.C.

4. Basis of valuation FOB C& F C & I

5. Limit of cover per voyage _____ Estim. Ann. Carriage _____

6. State the principal countries to which goods are exported

Imported _____

SECTION III

1. State the name and type of Hull including construction, length and width whether open deck or

cabin and weight of boat/anchor and Year of make, Reg no _____

What is the maximum speed and cruising range _____

2. Is the vessel equipped with (please tick if so): Automatic water pump Transmitter receiver

Fire extinguisher Life saving equipment Location Positioning System

Engine details: Make _____ Horse power _____ Serial NO _____

3. Provide a list of accessories to be insured & values

State use of vessel _____ Carrying capacity _____

4. How many times is the vessel hauled ashore for maintenance _____

5. Limits of liability: Hull _____ Engine _____ Accessories _____

6. Third party liabilities

Property _____ Injury/death to Third party _____ Injury/Death to crew _____

APPLICABLE TO ALL SECTIONS

1 Are you at present or in the past been insured for the risks proposed? Yes No

Name of Company _____ Period of cover _____

Policy number _____

2. Has any proposal or renewal been?

Declined? Yes No

Withdrawn? Yes No

Charged an increased rate? Yes No

Required special restrictions? Yes No

3. Give particulars of all accidents or losses over the past five years

4. Period of insurance from _____ to _____

I/We declare that to my knowledge that the answers and particulars given in this proposal are true and complete and that I have not withheld any material information. I have also read and understood that this proposal and declaration shall be the basis of the contract between me and PACIS Ins. Company Limited.

Date of completion of proposal form _____ Proposer's signature: _____