

## Proposal Form Cargo Insurance

Client Details			
Company Name			
Contact Person			
Mailing Address	P.O. Box:	City:	Country:
Contact info	Mobile:	Email:	
Broker Name			Branch

Business Details			
Occupation			No. of years in business
Terms of Trading if applicable			Company URL
Turnover	<b>Type</b>	<b>Total Annual Value</b>	<b>Maximum Value per Transit</b>
	Imports		
	Exports		
	Inland Transit		
	Cross Voyage		

Cargo Details				
Type	<input type="checkbox"/> Container	<input type="checkbox"/> Reefer Container	<input type="checkbox"/> Bulk	<input type="checkbox"/> Break Bulk
Conveyance	<input type="checkbox"/> Sea	<input type="checkbox"/> Air	<input type="checkbox"/> Land	<input type="checkbox"/> Other
Packing	<input type="checkbox"/> Bags	<input type="checkbox"/> Cartons	<input type="checkbox"/> Cases	<input type="checkbox"/> Pallets <input type="checkbox"/> No packing
Does the cargo contain:				
1. any second hand, refurbished or reconditioned goods?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please provide details below)		
2. any temperature controlled goods?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please provide details below)		
3. any time sensitive goods	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please provide details below)		
4. postal sendings / Exhibitions/ Tools & Samples	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please provide details below)		

Voyage Routes			
	From	To	Annual Amounts
Imports			
Exports			
Cross Voyages			
Inland Transits			

Cover Details	
Estimated Annual Turnover	
Basis of Valuation	<input type="checkbox"/> Ex-works <input type="checkbox"/> Ex-factory <input type="checkbox"/> FOB <input type="checkbox"/> C&F <input type="checkbox"/> CIF             Allowance % <input type="text"/>
Maximum per Shipment	
Cover Required	<input type="checkbox"/> I.C.C. (A) CL. <input type="checkbox"/> I.C.C. (C) CL. <input type="checkbox"/> War & Strikes <input type="checkbox"/> Other <input type="text"/>
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Instalments <input type="checkbox"/> Agreed Credit Terms

Loss Experience			
Previous Insurer			
Nature of Claim	<input type="checkbox"/> Shortages <input type="checkbox"/> Short Landing <input type="checkbox"/> Damages <input type="checkbox"/> Others <input type="text"/>		
In case of Loss Experience please specify:			
A. Currency			
B. Last 5 years loss history including the current year			
C. Details of each and every loss in an annexure			
Year	Billed Premium	Paid + O/S Claims	Ratio

Declaration		
<p>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 (hereafter called Company) and me/us.</p> <p>I/we agree that any information collected or held by the Company (whether contained in application or obtained otherwise) may be used or disclosed by the Company 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 the Company believes may be of interests to the Proposer and to communicate with the Proposer for any purposes.</p>		
Date	Proposer's Name	Proposer's Designation
Place	Proposer's Signature & Company Stamp	