

(ALL QUESTIONS TO BE ANSWERED FULLY AND ACCURATELY, KINDLY USE BLOCK LETTERS)

**AGENT / BROKER / BRANCH**

**PROPOSAL FOR  
MARINE OPEN COVER**

Name	
Code No.	

1. (i) Proposer's full name : .....
- (ii) Postal Address : .....
- .....

(iii) Telephone/Fax Nos/E-mail	Home Telephone		Office Telephone		Mobile	
	E-mail				Fax	

(iv) Financial interest : .....

2. Date of commencement of cover : .....

3. Nature of Merchandise to be covered : .....
- .....

4. Type of packing used : .....

5. Please describe voyages/transits to be covered including destinations and/or points of origin of goods : .....
- .....

Is storage cover required? Yes  No  If 'Yes' please give storage locations and limits on a separate sheet.

6. If cargo is containerised please indicate FCL  or LCL

7. If cargo not containerised, please provide details : .....
- .....

8. Means of transport : (Please Mark "X")
- (a) Ocean going vessel
- (b) Air Freight
- (c) Parcel Post
- (d) Others, please specify: .....

9. Maximum amount at risk: (Please indicate Currency used)
- (a) In any one vessel : .....
- (b) In any one Aircraft : .....
- (c) In any one land conveyance : .....
- (d) In any one location ( if storage is required.) .....

10. Estimated Annual shipments : Rs. .... 11. Basis of Valuation used : .....

12. Institute Clauses required? (A)  (B)  (C)  Air  War  Strikes  Others

13. Is cover required for Customs duty  Yes  No If "YES" : .....%

14. Has any Insurer in respect of any insurance :
- (i) declined the insurance, cancelled an existing policy or refused renewal of policy? Yes  No
- (ii) imposed special terms and conditions or increased rates for insuring or continuing to insure, including renewal of an existing policy? Yes  No
- If the answer to any of the above is "YES", please give details including Insurer and Policy No. ....
- .....

15. Please state the total amount of losses/ claims made and outstanding for the past three years :

Year	:			
Exports	:			
Imports	:			
Inland Transit	:			

16. Please state the total value of sendings for the past three years :

Year	:			
Exports	:			
Imports	:			
Inland Transit	:			

**Very Important**

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

**DECLARATION**

I /We declare that the information given in this Proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

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Signature :.....

**FOR OFFICE USE**

Rated By		Processed By		Credit Approved By	
Rate Approved By		Authorised By		Authorised Date	