

MARINE OPEN COVER – PROPOSAL FORM

Guidelines to Fill the Form

1. Please use **BLOCK CAPITALS** and tick **YES** or **NO** where appropriate and initial any amendments.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable “N/A”. We will take unanswered question as No.
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
4. Kindly contact the Company's Office or authorized representative for any doubts or clarifications on the proposal form.
5. The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid or agreed to be paid.
6. All amount should be expressed in SAR

Name of Proposer _____

Address: _____

Interest: _____

Packing _____

Conveyance _____

Voyage _____

Period _____

Limit anyone shipment _____

Estimated Annual Turnover _____

Cover required: Please tick as per your requirement

- a. As per Institute Cargo Clause 'A'
- b. As per War & SRCC clause
- c. Land Transit All Risks Clause

Basis of valuation: Ex-works price + Freight cost + percentage additional for
Custom's/Clearing as declared for each shipment

Declaration:

I/we declare that to the best of my/our knowledge and belief the above statement are true and complete and will form part of the contract between me/us and the Insurance Company.

Signature _____ Position in the Company _____

Date: _____