

CARGO INSURANCE

PROPOSAL FORM

1. Client Details	
1. Company Name	
2. Contact Person	
3. Mailing Address	P.O. Box: <input type="text"/> City: <input type="text"/>
	Country: <input type="text"/>
4. Contact Info	Mobile: <input type="text"/> Email: <input type="text"/>
5. Broker Name	
6. Branch	

2. Business Details	
1. Occupation	
2. Terms of Trading if Applicable	
3. Number of Years in Business	
4. Company URL	



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5. Estimated Annual Turnover and Limits

1. Currency AED USD EUR Others

Type	Total Annual Value	Maximum Value per Transit
Imports		
Exports		
Inland Transit		
Cross Voyage		

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

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

4. Payment Method Cash Installments Agreed Credit Terms

6. Loss Experience

1. Previous Insurer

2. Nature of Claim Shortages Short Landing Damages Other

3. In Case of Loss Experience Please Specify:

3.1 Currency AED USD EUR Others

3.2 Last 5 Years Loss History Including the Current Year

3.3 Details of Each and Every Loss in an Annexure

Year	Billed Premium	Paid + O/S Claims	Ratio



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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 Sukoon Insurance PJSC (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.

Proposer's Full Name

Date (dd/mm/yyyy)

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Proposer's Designation

Place

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Proposer's Signature & Company Stamp

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