

INSURER:

PARTICULARS OF MARINE POLICY-CARGO

DATE:

INSURED: _____

ADDRESS:

INSURANCE INTEREST AND INVOICE VALUE: _____

BASIS OF VALUATION: _____

HOW PACKED:

VESSEL: _____

SAILING DATE: _____ FROM: _____ TO: _____

INCLUDING TRANSHIPMENT AT: _____

SUM INSURED: _____

CONDITIONS: _____

MARKS AND NUMBERS: _____

BILL OF LADING NO.: _____

EXPECTED DATE OF ARRIVAL:

SIGNATURE: _____

ATTACH COPY OF INVOICE FOR GOODS

FOR OFFICE USE ONLY

MARINE RISK: _____ % PREMIUM: _____

WAR RISK: _____ % PREMIUM: _____

STAMP DUTY: _____

TOTAL: _____

AGENCY: _____

POLICY NO.: _____