



## Proposal Form Marine Cargo Insurance

1. Proposer's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Business Activities: \_\_\_\_\_

6. Operating Since: \_\_\_\_\_

7. Coverage desired:  Inland  Import  Export

8. Details of subject matter/merchandise/cargo to be insured: \_\_\_\_\_  
\_\_\_\_\_

9. Subject matter/merchandise/cargo proposed for insurance is  New  Used  Reconditioned

- Performa Invoice No.: \_\_\_\_\_

10. Sale terms:

All transports (EXW/ FCA/ CPT/ CIP/ DAT/ DAP/ DDP): \_\_\_\_\_  
\_\_\_\_\_

Sea transports (FAS/ FOB/ CFR/ CIF): \_\_\_\_\_  
\_\_\_\_\_

11. Beneficiary bank: \_\_\_\_\_

12. Mode of Shipment  Sea  Air  Rail  Road  Post Parcel  Courier  Others

If by sea, please specify:

- age of the vessel:

- Whether the vessel is classified?  Yes  No

- Whether the vessel is charter?  Yes  No

- Whether the vessel is liner?  Yes  No

If others, please specify. \_  
\_\_\_\_\_

13. Packing details (such as drums, bundles, cartons/crates/bags etc.)\_  
\_\_\_\_\_



IRAN INSURANCE COMPANY

14. Are containers used?  Yes  No

If yes, the containers are  FCL  LCL  Reefer  Others

If others, please specify. \_

If FCL, please give the following details:

a) Who packs the containers?  Shipper  Carrier  Other

If others, please specify. \_

b) Where is the container normally destuffed?  Port of discharge  Your /Consignee's warehouse

Others. If others, please specify. \_

15. Details of voyage:

Type of transit	From	To
Exports		
Imports		
Inland transit		
Specific		

16. Estimated Annual Turnover details:

Import	Inland Transit	Export

17. Basis of Valuation:

Import	Inland Transit	Export

18. Period of Insurance : From \_\_\_\_\_ To \_\_\_\_\_

19. Insuring Terms:  A  B  C

Named Perils/Basic Cover  War & SRCC  SRCC Extension,

others (please describe)

if any, Please give details. \_

20. Do you want 'Increased Value Insurance' for Import?  Yes  No



IRAN INSURANCE COMPANY

21. Do you have any special agreement with the Carriers that may limit liability?  Yes  No

If yes, please give details. \_

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22. Additional information, if any, relevant to the proposed insurance. \_

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23. Has your insurance cover ever been cancelled/declined by any Insurer?  Yes  No

If yes, please give details. \_

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Previous Insurance Particulars & Claims Experience

Year	Premium Paid	Claims Received (1)	Outstanding (1+2)	Total (1+2)	Cause of Loss	No of Claims	Insuring Conditions	Underwriters /Insurer

\*\*In case of a large claim please give details. \_

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**Declaration**

I/We hereby declare that the statements, answers and particulars are true to my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided are the basis on which the insurance is being granted and that if, after the insurance is effected it is found that any of the above statements, answers or particulars are incorrect or untrue in any respect, then Iran Insurance Co., the Insurers, shall have no liability under the insurance.

If any additions/alterations are carried out in the risk proposed after the submission of this Proposal form then the same shall be conveyed to the Insurers immediately

**Place**

**Date**

**Signature**