



Insurance
EXPERTS AGENCY

MARINE CARGO INSURANCE

Application FORM

Contents

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“WE WOULD REMIND YOU THAT YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY. ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE, THE POLICY ISSUED THEREUNDER MAY BE VOID.”

APPLICATION FORM – MARINE CARGO INSURANCE

A. DETAILS OF APPLICANT

Complete Name:

Address:

Company Name:

Nature of Business:

Brief profile of company:

B. DETAILS OF SHIPMENT

Details of subject matter to be insured (please indicate if cargoes are New, Used or Reconditioned):

- Import

- Exports

- Domestic

Estimated Annual Turnover:

Currency

Amount

- Imports (Goods bought on FOB / EX WORKS etc basis.):
- Exports (Goods sold under CIF / C&F etc. basis):
- Domestic Procurement (Inland Transit):

Total: _____

Mode of Packing

Are containers used? Yes No

• If Yes, the containers are FCL LCL Reefer Others (please specify)

• If no, please provide packing details (such as drums, bundles, cartons/crates/bags etc)

Mode of Shipment

Approx. % of Estimated Annual Turnover

- Sea %
- Air %
- Road %
- Post Parcel %
- Courier %
- Others (please specify) %

Details of voyage

Type of transit	From (Countries/Places)	To (Countries/Places)
Exports		
Imports		
Inland transit		
Specific		

Limit per Conveyance (Maximum value shipped)

Any One:	Import	Export	Inland Transit
Truck/Road vehicle-			
Air			
Ocean Going Vessel			
Courier			
Parcel Post			
Other (please specify)			

Additional information, if any, relevant to the proposed insurance.

C. DETAILS OF EXISTING COVER AND CLAIMS

Has your insurance cover ever been cancelled by any Insurer?

Yes No

If yes, please give details. _____

Loss Ratio for the past 5 years

Year	Premium Paid (1)	No. of Claims	Claims Paid (2)	Outstanding Claims (3)	Loss Ratio (2+3) /[1] x 100	Underwriters

Claims Details

Date of Accident	Cause of Loss	Claims Paid	Outstanding Claims

D. DECLARATION AND SIGNATURE

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Name Position.....

Signed..... Date

*Please provide company id for validation. Thanks.

Your Insurance Adviser or Broker

Insurance Experts Agency Inc.
Unit 1407 Annapolis Wilshire Plaza 11 Annapolis Street
Greenhills, San Juan, Metro Manila
Tel No.: (02) 7245140; TeleFax No.: (02) 7447085