

Proposer's Name ..... Branch .....

Business/ Occupation ..... Agency Code .....

Address: .....Tel. No ..... Fax No .....

Details of Goods to be insured .....

.....

Supplier's Name .....

Letter of Credit No. .... Bank .....

Voyage Geographical Area From ..... To .....

Conveyance and is it owned or hired? .....

Estimated date of Delivery/Arrival .....

Actual Value of Goods .....

Maximum Value of any One Carrying / Truck .....

Value in SR ..... Rate of Exchange .....

Sum Insured ..... Basis of Valuation .....

## Scope of Cover

a. This insurance covers any material loss or damage to the Goods caused by Fire, Overturning or Collision of the conveyance used as well as derailment.

b. Do you require to insure the Goods against any of the following additional perils?

Yes       No

If yes, tick the perils requested by "✓"

- |                                                 |                          |
|-------------------------------------------------|--------------------------|
| 1) Theft or Burglary and/or any attempt thereat | <input type="checkbox"/> |
| 2) Loading and Unloading                        | <input type="checkbox"/> |
| 3) Hazards of Nature                            | <input type="checkbox"/> |

Are you interested to have an annual policy covering all carryings during one year?

Yes                       No

If yes, a) State details of goods to be carried .....

b) Estimated annual carryings value .....

Has any Insurance Company declined any proposal for insurance by you or declined to continue or renew any insurance for you?

Yes                       No

If yes, give particulars .....

State particulars of any loss to your Goods whilst in transit during the last 3 years if any .....

This insurance shall be attached as soon as your proposal has been accepted by the Company and after the due contribution has been paid by you.

**Declaration**

We declare that the statements contained in this proposal made by us (or on our behalf) are correct and true.

Also, we agree that this proposal to be the basis of the insurance contract and is deemed to be incorporated therein.

\_\_\_\_\_  
**Proposer's Signature**

**Date:**