

## QUESTIONNAIRE AND PROPOSAL FORM

### 1 General Information:

a) Full name of Proposer:

Reg. No.  Nationality  Year Established

Activity

b) Address: Location	Building:	Street:
	Dist:	City:

P.O. Box  Postal Code

Phone Nos.  Fax No.

Email ID

c) Contact Person 1	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

Contact Person 2	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

Contact Person 3	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

2.	Letter of Credit: No. _____ Date _____ Bank & Branch _____		
3.	Purchase Order Ref. _____		
4.	Bill of Lading/Airway Bill No. _____		
5.	Sum Insured (please tick & fill as applicable) Currency: _____		
	<input type="checkbox"/>	FOB Plus % =	
	<input type="checkbox"/>	C&F Plus % =	
	<input type="checkbox"/>	Ex-Works Plus % =	
	<input type="checkbox"/>	Other Plus % =	
6.	Voyage: From _____ To _____ Via _____		
7.	Type of Conveyance	<input type="checkbox"/> Sea	<input type="checkbox"/> Air <input type="checkbox"/> Land
8.	Name of Vessel/Carrier: _____		
9.	Subject Matter Insured: _____ _____		
10.	Containerized: If containerized, are the goods consolidated with cargo of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Nature of Packing: _____ _____		
12.	Cover/Clauses/Conditions/Warranties: _____ _____		
<p><b>We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.</b></p> <p><b>It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature.</b></p> <p><b>The Insurers undertake to treat this information in strict confidence.</b></p>			
Date: _____		Signature of Proposer: _____	