

**NOTICE TO THE APPLICANT:**

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).

**Completing the Proposal Form**

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that the whenever used in this proposal form, the term Applicant shall mean the Principal Organisation and all its Subsidiaries.
- The headings in this proposal are solely for convenience.
- All information provided by the Applicant will be maintained in strictest Confidence by RAKINSURANCE

*PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.*

1. GENERAL INFORMATION	
a) *	Name of Applicant
b)	Applicant's Address
c)	Applicant's web address
d)	Name of Consignee
e) *	Is the cover: <input type="checkbox"/> Open <input type="checkbox"/> Single
2. CARGO DETAILS	
a) *	Nature of commodity or type of goods (please provide as much information as possible including HS codes, CAS numbers where
b) *	What type of packaging is the cargo?
c) *	Is the cargo containerised? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. OPEN COVER (for open cover use only)	
a) *	Principal voyage From To
b) *	Estimated Annual Insurance Value
c) *	Maximum limit per shipment
d)	Valuation (INCOTERMS)
e)	Please complete Marine Cargo Declaration 5GI 1301 for each shipment made under open cover
4. SINGLE SHIP	
a)	Name of Bank
b)	Letter of Credit Number
c)	Currency and value of shipment
d)	Valuation (INCOTERMS)
5. INSURANCE REQUIREMENTS AND LOSS HISTORY	
a) *	Please advise the cover required
Required Conditions	<input type="checkbox"/> By Sea <input type="checkbox"/> ICC(A) <input type="checkbox"/> ICC(C) <input type="checkbox"/> War & Strike <input type="checkbox"/> By Land <input type="checkbox"/> All Risks (extended cover) <input type="checkbox"/> Accident to conveyance (limited cover) <input type="checkbox"/> War & Strike <input type="checkbox"/> By Air <input type="checkbox"/> ICC(Air) <input type="checkbox"/> Accident to aircraft <input type="checkbox"/> War & Strike
b)	Do you have existing Marine Cargo Insurance? If Yes, please provide details of premium, cover and indemnity, together with the insurer name
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. INSURANCE REQUIREMENTS AND LOSS HISTORY (contd.)**

c) Has any Insurance company ever:	
i.	Declined your proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No
ii.	Cancelled or refused to renew your policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
iii.	Required an increased premium or revised terms? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details for each instance (please use a separate sheet if required)	

Please provide details of any claims made for the past 5 years. Please include all separate losses, and include self insured losses within compulsory deductibles.

Year	Description of Loss	Amount of Loss
20		
20		
20		
20		
20		

**6. FALSE INFORMATION**

Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime.

**7. DECLARATION AND SIGNATURE**

The undersigned authorised officer(s) of the Applicant declare that to the best of their knowledge and belief the statements set forth here in and all attachments and schedules here to are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules here to and the said statements here in shall be the basis of and will be incorporated in the policy should one be issued.

Signed and Stamped	Authorised Representative	Date	
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**For RAKINSURANCE Use Only:**

Name of Consultant/Introducer/Broker:

Consultant Code:

RAK Location:

Date sent:

This form is for use by RAKINSURANCE and its clients and all information remains CONFIDENTIAL