MARINE CARGO INSURANCE
QUOTATION REQUEST

PROPOSER DETAILS

NAME: _____ CONTACT PERSON: _____

ADDRESS: _____ TEL. NO(S): _____

I.D./REG. NO. _____ OCCUPATION/ BUSINESS: _____

VAT NO / STATUS: _____

CARGO DETAILS

DESCRIPTION: _____

PACKAGING: _____

VOYAGE: FROM: _____ TO: _____

TRANSHIPMENT: YES / NO

TRANSPORT: Full Load Groupage Trailer
Conventional Airfreight Parcel Post
Cargo

If Container or Trailer, is this refrigerated? YES/NO

NAME OF VESSEL: _____

APPROX. DEPARTURE DATE: _____

SUM INSURED

Cost	Lm
Freight	Lm
Customs Duty (if required)	Lm
Import Levy (if required)	Lm
10% Overinsurance	Lm
Total Value	Lm

LOSS EXPERIENCE

Please provide details of all losses (whether insured or not) incurred during the past five years.

_____

_____

_____

_____

Signed: _____ Date: _____