



MARINES OPEN COVER PROPOSAL

PROPOSER:

ADDRESS:

TELEPHONE: FAX NO:

1) PERIOD OF INSURANCE – FROM TO

2) TYPE OF GOODS
TO BE INSURED
(TO BE SPECIFIC)

3) TYPE OF PACKINGS
(TO BE SPECIFIC)

4) WILL GOODS BE CONTAINERISED AFTER INITIAL PACKING:

5) WILL CONTAINER BE DELIVERED FROM DOOR TO DOOR:

6) AMOUNT INSURED (LIMIT PER CARRYING): FIJI DOLLAR

7) BASIS OF VALUATION:

8) ESTIMATED ANNUAL CARRYING: FIJI DOLLAR

9) PRINCIPAL DESTINATIONS
VOYAGE TO BE INSURED

10) WILL THERE BE ANY TRANSHIPMENTS

11) TYPE OF COVER REQUIRED

12) PREVIOUS / CURRENT INSURERS

13) PREVIOUS TERMS:
(TO ATTACH A COPY OF PREVIOUS/
CURRENT MARINE OPEN COVER
IF AVAILABLE)

14) PRMIMIUMS / CLAIMS HISTORY

15) HAS THE INSURANCE NOW PROPOSED BEEN
DECLINE BY ANY OTHER COMPANY

16) WAS YOUR PREVIOUS / CURRENT OPEN COVER
CANCELLED FOR ANY REASON?

17) OTHER INFORMATIONS

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NOTICE: You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know, otherwise the Marine Open issued hereunder may be voided.

WARRANTY: Warranted all goods shipped under deck (except those in container and shipped by container vessel) unless otherwise specified.

I / We hereby declare that the particulars of this Proposal are TRUE and COMPLETE and that I / We have not withheld any information likely to affect the acceptance of this Proposal.

I/We further agree that this Proposal shall be the basis of the contract between me/us SUN INSURANCE COMPANY LIMITED and I /We undertake to pay the minimum and deposit premium plus stamp duty when this Proposal is accepted or when the cover commences.

DATE:

SIGNATURE:

COMPANY STAMP: