



**MARINE CARGO INSURANCE
APPLICATION FORM**

DATE: _____ **VALUE OF SHIPMENT:** _____

NAME OF INSURED: _____

ADDRESS: _____

VOYAGE: FROM _____ TO _____ VIA _____

SUPPLIER: _____

CONVEYANCE: VESSEL VESSEL'S NAME _____

BILL OF LADING NO. _____

AIR FREIGHT FLIGHT NO. _____

AIRWAY BILL NO. _____

LAND TRANSIT TRUCK NO. _____

DRIVER NAME: _____

DESCRIPTION OF GOODS TO BE INSURED

DESCRIPTION OF GOODS: _____

PACKAGING METHODS: _____

No. & DATE OF L/C: _____

No. & DATE OF INVOICE: _____

CONDITIONS REQUIRED:

CLAUSE A

CLAUSE B

CLAUSE C

ADDITIONAL COVER:

TRANSHIPMENT

ALLOWED

NOT ALLOWED

PARTIAL SHIPMENTS

ALLOWED

NOT ALLOWED

THE _____ **HOURS** _____ **SIGNATURE** _____