



### MARINE CARGO INSURANCE PROPOSAL FORM

<b>INSURED:</b>		<b>ADDRESS:</b>	
<b>TELEPHONE/FAX:</b>		<b>ID NO:</b>	
<b>BENEFICIARY:</b>		<b>SUBJECT MATTER INSURED AND QUANTITY:</b>	
<b>TYPE OF PACKING:</b> Crates <input type="checkbox"/> Export Cartons <input type="checkbox"/> Wooden Cases <input type="checkbox"/> Pallet <input type="checkbox"/> Drum <input type="checkbox"/> Jumbo bag <input type="checkbox"/> Bundle <input type="checkbox"/> Bulk <input type="checkbox"/> Others (please specify):			
<b>IS SUBJECT MATTER INSURED SHIPPED BY CONTAINERS?</b> YES – up to customs of destination <input type="checkbox"/> YES – up to final destination <input type="checkbox"/> NO <input type="checkbox"/>			
<b>SUM INSURED:</b>			
<b>EXCHANGE RATE MAXIMUM VALUE SHIPPED PER CONVEYANCE:</b>			
<b>INCREASED VALUE:</b> 10% <input type="checkbox"/> 20% <input type="checkbox"/> NO <input type="checkbox"/>			
<b>EXTRA VALUE:</b> 10% <input type="checkbox"/> 20% <input type="checkbox"/>			
<b>PROFORMA INVOICE NO AND DATE:</b>			
<b>GOODS TO BE SHIPPED/TRANSPORTED:</b>		<b>DESTINATION:</b>	<b>ENTRANCE BORDER:</b>
<b>MODE OF CONVEYANCE:</b> Plane <input type="checkbox"/> Truck <input type="checkbox"/> Classified Vessel <input type="checkbox"/> Non Classified Vessel <input type="checkbox"/> Container Vessel <input type="checkbox"/> Bulk Carrier <input type="checkbox"/> Rail <input type="checkbox"/> Barge <input type="checkbox"/> Motor Launch <input type="checkbox"/> Others (please specify):			
<b>CURRENCY RATE:</b>			
<b>PART- SHIPPMENT:</b> Allowed <input type="checkbox"/>		NOT Allowed <input type="checkbox"/>	
<b>TRAN- SHIPPMENT:</b> Allowed <input type="checkbox"/>		NOT Allowed <input type="checkbox"/>	
<b>COVER AND CONDITIONS:</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> C + Non-Delivery <input type="checkbox"/> TOTAL LOSS <input type="checkbox"/> WAR & STRIKE RISKS <input type="checkbox"/>			
<b>GOODS ARE SECOND HAND:</b> YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<b>GOODS TO BE SHIPPED ON DECK:</b> YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<b>GOODS TO BE SHIPPED BY CHARTERED VESSELS:</b> YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<b>OTHERS:</b>			

**DECLARATIONS: PLEASE READ CAREFULLY BEFORE SIGNING**

I/we confirm that the foregoing statements and answers are true and complete and that I/we have not withheld any material information likely to affect the acceptance of this proposal. I/we agree that this proposal and declaration shall form the basis of the Karafarin Insurance Company.

**Policy issued by Company Stamp**

**Name and Signatory of Proposer/Date:**