DISCOVER
INSURANCE COMPANY

Marine Cargo Proposal Form

Duty of Disclosure

You are to disclose in this proposal form fully and faithfully all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void.

1. Proposer

Name (in full)
_____
Address

_____
Business Activities/Occupation description

_____

Contact No (Business) _____Mobile No._____
Email address
_____

2. Cover Required

Please indicate/tick the cover required:

Annual cover Open Cover Single shipment/Specific

*Annual cover to expire 12 months from the above date unless otherwise specified

*Open cover will require monthly or quarterly declarations

Mode of Shipment Sea Air Road

Other specify
_____

No 27. Njoka Road, Olympia Park, Lusaka
Shop No. 1, Ndola Square Mall, Ndola
0211 290031
0212 612001

3. Type of Cargo

Please provide full details of cargo to be insured and invoice value.

_____

_____

_____

Total Sum insured _____

Load Limit/Truck/Vehicle/Shipment/_____

Event Limit (Number of Trucks in one shipment)_____

Annual Aggregate_____

Estimated annual turnover_____

Will any of the cargo described be shipped in bulk? Yes / No

If Yes, please provide details_____

_____

For cargo not shipped in bulk indicate if they will be packed in:

Cartons

Crates

Bags

Drums

Bundles

Other, please provide details

_____

Please indicate if cargo is:
New

Second hand

Fresh

Chilled

Frozen

Please advise if cargo will be in fully enclosed shipping containers Yes / No

If 'No', please provide details of shipping
_____

_____

4. Voyage Details

From_____

To_____

Name of vessel/airline/road hauler
_____

_____

Expected date of departure_____
Expected date of arrival _____

Marks and Numbers_____

Bill of lading No_____

5. ClaimsExperience

Have you suffered any loss in the past 3 years? Yes / No

If Yes, please provide details:

Number of claims
_____

Total amount claimed_____

Outstanding claims, if any
_____

Has any insurer ever declined insurance, cancelled your insurance, imposed special conditions or refused to renew your insurance? Yes No

If Yes, please provide details:
_____

_____

_____

Please advise the name(s) of your current or prior insurer and due date for renewal

_____

6. Declaration

By signing this form, I/We hereby declare that the above information provided by me/us or on my/our behalf in the application and other relevant information/document submitted for this application are true and complete and I/We agree that this application shall be the basis of the contract between me/us and Discover Insurance Company Limited, otherwise the policy issued may be void or voidable. I/We agree to accept a policy subject to the usual conditions endorsed thereon and to pay the premium when called upon to do so.

The insurance applied for shall only take effect when the application has been approved by Discover Insurance Company Limited.

Name and Signature of Proposer _____

Date _____ Company stamp