

**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** \_\_\_\_\_