

## MARINE CARGO PROPOSAL FORM – INLAND TRANSIT

- 1) Name of Proposer \_\_\_\_\_
- 2) Address \_\_\_\_\_
- 3) Nature of Business \_\_\_\_\_
- 4) Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- 5) Cell No. \_\_\_\_\_ Email. \_\_\_\_\_
- 6) NTN \_\_\_\_\_ STN \_\_\_\_\_ CNIC(if individual) \_\_\_\_\_
- 7) Type/Nature of Cargo \_\_\_\_\_  
\_\_\_\_\_
- 8) Nature of Packing:      ☐ Conventional      ☐ Containerized
- 9) Mode of Conveyance:      ☐ By Truck/Trailer      ☐ By Rail
- 10) Voyage:      From \_\_\_\_\_ To \_\_\_\_\_
- 11) Maximum Limit:      Per Carry/Conveyance \_\_\_\_\_ Annual Turnover \_\_\_\_\_
- 12) COVERAGE:-
  - a. Road/Rail Cargo Clause      ☐ A      ☐ B
  - b. Road/Rail Strike Clause      ☐

13) Have you previously been covering your cargo? ☐ yes ☐ no

If yes, (a) State the name of operator \_\_\_\_\_

(b) Reasons for leaving the previous operator?

☐ Policy Cancelled

☐ Renewal Refused

☐ Claim Declined

14) Please provide details of losses, if suffered during the last 3 years:-

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs.)

## DECLARATION

I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my /our knowledge. I also declare that I have withheld no information material to the insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Proposer