CIC GENERAL INSURANCE UGANDA LIMITED

We keep our word

MARINE CARGO INSURANCE PROPOSAL FORM

1) NAME OF ASSURED: .....
.....
..... (Please include names of all associated/affiliated/subsidiary companies)

2) ADDRESS OF ASSURED: .....
.....
.....
.....

3) TELEPHONE NUMBER: .....

4)TIN NUMBER: .....

5) CONTACT NAME & POSITION: .....

6) NATURE OF ASSURED's BUSINESS:
.....

7) PRINCIPAL CARGOES TO BE INSURED:
.....
..... (Please give full details, particularly in respect of fragile or perishable goods)

8) DETAILS OF PACKING: .....
.....

9) BASIS OF VALUATION REQUIRED: COST, INSURANCE & FREIGHT (CIF) PLUS.....%
OTHER.....

10) GEOGRAPHICAL LIMITS REQUIRED:

a).....TO WORLD.

b) WORLD TO.....

c) WORLD TO WORLD.

d) SPECIFIC VOYAGES ....

11) COMMENCEMENT DATE REQUIRED: .....

12) CONDITIONS OF INSURANCE REQUIRED (If known):
.....
.....
.....

13) MAXIMUM SUM INSURED: CURRENCY: [ ].....

Any one vessel or conveyance. .....Any one location.

14) INSURED TURNOVER DURING PAST 12 MONTHS: EXPORTS: ..... IMPORTS: .....

15) ESTIMATED INSURED TURNOVER FOR COMING 12 MONTHS: EXPORTS: ..... IMPORTS: .....

16) ESTIMATED AVERAGE SUM INSURED PER SHIPMENT: EXPORTS: ..... IMPORTS: .....

17) PRINCIPAL COUNTRIES TO WHICH GOODS ARE EXPORTED (Please indicate percentage involved for each country): .....
.....
.....
.....
.....

18) PRINCIPAL COUNTRIES FROM WHICH GOODS ARE IMPORTED (Please indicate percentage involved for each country): .....
.....
.....
.....
.....

19) IS ANY COVER REQUIRED FOR STORAGE, EITHER PRIOR TO SHIPMENT OR UPON ARRIVAL AT FINAL DESTINATION: .....

20) IF YES, PLEASE GIVE DETAILS OF STORAGE LOCATIONS AND MAXIMUM PERIOD OF STORAGE REQUIRED: .....
.....
.....
.....

21) NAME OF CURRENT BROKER (If applicable):
.....

22) NAME OF CURRENT INSURER (If applicable):

.....

23) PREMIUM AND CLAIMS EXPERIENCE OVER PAST FIVE YEARS (Or as many as possible): YEAR: PREMIUM: CLAIMS: ....

24) PLEASE GIVE ANY OTHER RELEVANT INFORMATION WHICH WILL ENABLE UNDERWRITERS TO FULLY ASSESS THE RISK. (Please attach any printed information/leaflets/brochures/advertising material relating to the business):

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THE ABOVE INFORMATION WILL BE ADVISED TO UNDERWRITERS AND WILL FORM THE BASIS OF ANY INSURANCE CONTRACT BETWEEN UNDERWRITERS AND THE ASSURED. APPLICANTS SHOULD REVEAL ALL MATERIAL FACTS, AS NON-DISCLOSURE OF SUCH FACTS MAY PREJUDICE THE VALIDITY OF THE INSURANCE. IF IN DOUBT AS TO WHETHER A FACT IS MATERIAL, THE APPLICANT IS ADVISED TO INCLUDE THE SAID FACT.

SIGNATURE OF APPLICANT: .....

NAME: .....

POSITION: .....

DATE: .....