



With you every step of the way

**APPLICATION FOR MARINE
CARGO INSURANCE**

DATE

OPEN POLICY

VOYAGE POLICY

PARTICULARS OF THE PROPOSER:

(i) NAME, (Including names of all subsidiary firms or corporation to be insured).
ADDRESS TELEPHONE No.

(ii) NAME OF AGENT/BROKER
ADDRESS TELEPHONE No.

(iii) THE NATURE OF THE PROPOSER'S BUSINESS (Manufacturer, exporter, broker, etc.)

2. THE CARGO PROPOSED FOR INSURANCE

(i) DESCRIBE IN DETAIL THE CARGO PROPOSED FOR INSURANCE
(Enclose copies of (the Invoice or Proforma Invoice, or Import Licence, or catalogs if available)

(ii) DESCRIBE THE NATURE OF PACKING

(iii) IF CONTAINERIZED, STATE WHETHER: (i) FULL CONTAINER LOAD OR
(ii) LESS CONTAINER LOAD

(Complete 2: (iv) and (v) if you are applying for a voyage policy)

(iv) PACKAGE MARKS AND NUMBERS
(v) INVOICE/PROFORMA INVOICE NO.

VOYAGE:

(COMPLETE 3 (i) to (iv) if you are applying for a VOYAGE POLICY)

(I) NAME OF VESSEL VOYAGE/FLIGHT NO.
(II) PORT OF LOADING TO
(III) DATE OF LOADING SILL OF LADING/AIRWAY SILL NO.
(IV) PORT OF TRANSHIPMENT if any)

(Complete 3(v)-(vii) if you are applying for an OPEN POLICY)

(V) PRINCIPAL COUNTRIES FROM WHICH THE GOODS ARE IMPORTED:

(indicate % of total coming from each country)

- | | |
|-----|-----|
| (1) | (2) |
| (3) | (4) |
| (5) | (6) |

(vi) PRINCIPAL COUNTRIES WHICH THE GOODS ARE EXPORTED:

(indicate % of total going to each country).

- | | |
|-----|-----|
| (1) | (2) |
| (3) | (4) |
| (5) | (6) |

(vii) MODES OF CONVEYANCE(S)

4. VALUES DECLARED:

- (i) THE BASIS OF VALUATION: AMOUNT OF INVOICE + FREIGHT %
(ii) AMOUNT DECLARED FOR INSURANCE: Ushs

(Complete 4(iii) and (iv) if you are applying for an OPEN POLICY)

(iii) LIMITS OF INSURANCE:

- | | |
|----------------------------------|----------------------------------|
| By Any One Vessel, Ushs. | By Any One Vessel on Deck, Ushs. |
| By Any One Aircraft, Ushs. | By Any One Truck/Train, Ushs. |
| By Registered Parcel Post, Ushs. | |

	IMPORTS	EXPORTS
(iv) INSURED VOLUME during the last 12 months	Ushs.	Ushs.
ESTIMATED VOLUME to be insured for the next 12 months	Ushs.	Ushs.
ESTIMATED AVERAGE Value per shipment	Ushs.	Ushs.

5. PREVIOUS INSURANCES:

- (i) GIVE THE NAME(S) OF YOUR INSURER(S) FOR THE PAST 3 YEARS
(complete a separate line for each year)

	NAME OF INSURER	NAME OF BROKERS/AGENT
19		
19		
19		

(ii) PREMIUM AND LOSSES EXPERIENCE FOR THE PAST 3 YEARS

(Give full details for all premiums paid in respect of Marine-Cargo Insurance, Losses paid and outstanding for the past 3 years. Complete a separate line for each year)

YEAR	PREMIUNS PAID	LOSSES PAID	LOSSES OUTSTANDING
19	IMPORTS		

19 EXPORTS
IMPORTS
EXPORTS

19 IMPORTS
EXPORTS

6. INSURING CONDITIONS:

- (I) INSTITUTE CARGO CLAUSES (A) (B) (C) (Air)
(II) INSTITUTE BULK OIL CLAUSES (Air Cargo)
(III) INSTITUTE WAR CLAUSES (Cargo) (Air Cargo)
(IV) DUTY CLAUSE

7. REMARKS: (Any additional information)

I/We hereby warrant that the statements made in this Proposal are true and that to the best of my/our knowledge, nothing material affecting the risk has been concealed by me/us, I/We further agree that this Proposal shall be incorporated in and taken as the basis for the proposed contract between me/us and the British-American Ins. Company (Kenya) Limited, Whose usual Policy form for this class of Insurance.

I/We agree to accept: SIGNATURE OF APPLICANT DATE

FOR COMPANY USE ONLY

QUATED: (i) INSURING CONDITIONS
(ii) TERMS:
(iii) RATES:
(iv) PREMIUMS (Including Stamp Duty) Ushs.

DECLINED: REASON:

SIGNATURE OF UNDERWRITER DATE

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECT

Please note that all premium cheques must be written in favour of British-American Ins. Co. (K) Ltd. Cash must be paid direct to British-American and appropriate receipt obtained. Insurance cover will commence only after payment has been received by British-American. If any cheque is dishonoured cover will be deemed to have been inoperative with effect from inception.