## Marine Cargo Insurance Renewal Form

Insured Details	
Name of Insured	
Contact Person	
Address	
Phone	
Email	
Policy Details	
Previous Policy Number	
Expiry Date	
Sum Insured	
0 0 0 1 1	
Cargo Details	
Type of Cargo	
Packaging Type	
rackaging Type	
Estimated Annual Turnover	
Estimated Affidal Turnover	
Voyage Type	
	-
Country of Origin	
Country of Destination	
Claims Experience (Last Year)	
Additional Notes	