

Freight Forwarder Marine Insurance Proposal

Proposer Details

Company Name

Contact Person

Address

Email

Phone

Website

Business Operations

Nature of Goods Typically Shipped

Estimated Annual Turnover (USD)

Geographical Areas Covered

No. of Years in Operation

Insurance Required

Coverage Type

Sum Insured (USD)

Period of Insurance

Special Requirements

Previous Insurance Details

Insurer Name

Policy No.

Claims in Last 3 Years

Declaration

Name

Date

Signature