

Marine Cargo Insurance Application Form

1. Applicant Information

Full Name / Company

Address

Contact Person

Phone Number

Email

2. Cargo Details

Description of Cargo

Packing Type

Quantity

Total Weight (kg)

Total Cargo Value (in currency)

3. Voyage / Transit Details

Place of Origin

Final Destination

Vessel Name

Voyage Number

Date of Departure

Expected Arrival Date

Mode of Transit

Containerized?

4. Insurance Details

Type of Cover Required

Period of Insurance

Additional Information

5. Declaration

I/We declare that information given is true and complete.

Signature

Date