

Marine Cargo Insurance Application Form

Applicant Information

Name of Applicant

Address

Contact Person

Contact Number

Email

Cargo Details

Description of Cargo

Packing

Quantity

Weight (Kg/Tons)

Cargo Value (in USD)

Voyage Details

From (Port/Place of Origin)

To (Port/Place of Destination)

Transit Places (if any)

Mode of Conveyance

Vessel/Flight Name (if known)

Expected Date of Sailing/Flight

Other Information

Previous Claims (if any)

Additional Information