

MARINE CARGO PROPOSAL FORM

Owner's Full Name & Address:		E-mail:	
Tel:		Fax:	
Subject Matter Insured:			
.....			
.....			
Coverage Required:			
<input type="checkbox"/> Institute Cargo Clauses "A".			
<input type="checkbox"/> Institute Cargo Clauses "C" Including Theft, Pilferage & Non Delivery.			
<input type="checkbox"/> Institute Cargo Clauses "C" Including Non Delivery .			
<input type="checkbox"/> Institute Cargo Clauses "AIR".			
<input type="checkbox"/> Land Transit Clauses (Limited) / (Extended) Cover			
<input type="checkbox"/> War + SRCC			
Description of Goods:			
.....			
.....			
.....			
Shipping Detail:			
<input type="checkbox"/> By Sea	FOB	<input type="checkbox"/>	
<input type="checkbox"/> By Air	Ex. Works	<input type="checkbox"/>	
<input type="checkbox"/> By Land	C & F	<input type="checkbox"/>	
	CIF	<input type="checkbox"/>	

I hereby declare that to the best of my knowledge and belief the above particulars are correct and complete in every aspect and that I have not withheld any information which might influence the decision of the underwriters in regard to the proposal, and I agree that this proposal shall form the basis of contract of insurance between me and the underwriters, if a policy is issued.

**Kuwait,
Date**

Signature of Insured