

[9] COMPLETE THIS SECTION FOR A MARINE OPEN CARGO POLICY ONLY

[9a] PERIOD OF INSURANCE - FROM / /19 TO 4PM ON / /19

[9b] DESCRIPTION OF GOODS TO BE INSURED (Please be accurate)

[9c] DESCRIBE NATURE AND TYPE OF PACKING

[9d] PRINCIPAL TYPE OF TRANSIT (Ship, Aircraft, Truck etc.)

[9e] PRINCIPAL PLACE OR PORT OF (i) DEPARTURE _____(ii)ARRIVAL _____

[9f] BASIS OF VALUATION (Unless otherwise defined below this will be Invoice Cost, plus the cost of Insurance and Freight plus 10%)

[9g] MAXIMUM SUM INSURED PER ITEM OR LOCATION \$ _____

[9h] ESTIMATED ANNUAL VALUE OF SHIPMENTS \$ _____

[10] EXTENT OF POLICY COVER

[10a] INSTITUTE MARINE CLAUSES APPLICABLE TO THIS COVER (Delete what is not applicable)

Cargo Clauses C	YES/NO	Strikes Clauses	YES/NO
Cargo Clauses B	YES/NO	Cargo Clauses (Air)	YES/NO
Cargo Clauses A	YES/NO	War Clauses (Air Cargo)	YES/NO
War Clauses (Cargo)	YES/NO	Strikes Clauses (Air Cargo)	YES/NO
Other Institute Clauses and Conditions (as described below)			

Note: The policy will include the Institute Classification Clause and Institute Replacement Clause.

[10b] DEDUCTIBLE \$ _____

DECLARATION - Please read carefully before signing.

I/We declare and warrant that: - I/We are not already insured unless stated otherwise. I/We will take all reasonable care to prevent loss, damage or injury. The information given above and on the other side of this proposal is true and no other relevant information has been withheld. I/We agree that this application shall be the basis of the contract between us and accept the Policy subject to the terms and conditions it contains and I/We further agree to pay the premium

SIGNED BY THE PROPOSER _____ DATE _____

ITEMS	SUM INSURED/ EST. DECLARATIONS	BASIC RATE	W.,S. & C.C. RATE	TOTAL PREMIUM RATE	STAMP DUTY	DEPOSIT PREMIUM	EXCESS