

PROPOSAL FOR MARINE CARGO INSURANCE

SECTION A : PERSONAL / CORPORATE DETAILS

(Individual Applicant)

Surname: _____ Other Name: _____

Place of Work: _____ Occupation _____

Date of Birth: (dd) _____ / (mm) _____ (yy) _____ ID/Passport No.: _____

(Corporate Applicant)

Business Name: _____ PIN No.: _____

Nature of Business: _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address: _____ Postal Code: _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No.: _____ Mobile Phone: _____

E-Mail Address: _____

SECTION B : TECHNICAL DETAILS

OPEN POLICY

VOYAGE POLICY (For single transits only)

1. PARTICULARS OF THE PROPOSER:

(i) Name (including names of all subsidiary firms or corporations to be insured) _____

Address _____ Telephone No. _____

(ii) Name of agent/broker _____

Address _____ Telephone No. _____

(iii) Nature of proposer's business (manufacture, exporter, broker, etc.) _____

2. CARGO PROPOSED FOR INSURANCE:

(i) Describe in detail the cargo proposed for insurance (enclose copies of the invoice or proforma invoice, or import licence, or catalogs if available) _____

(ii) Describe the nature of packing _____

SECTION B : TECHNICAL DETAILS *(continued)*

(iii) If containerized, state whether:

(i) Full container load

(ii) Less container load

(Complete 2: (iv) and (v) if you are applying for a voyage policy)

(iv) Package marks and numbers _____

(v) Invoice/proforma invoice No. _____

3. Voyage:

(Complete 3 (i) to (iv) if you are applying for a voyage policy)

(i) Name of vessel _____ Voyage flight No. _____

(ii) Port of loading _____ Port of discharge _____

(iii) Date of loading / Sailing _____ Bill of lading/airway bill No. _____

(iv) Port of transshipment (if any) _____

(v) Estimated date of Arrival _____

(Complete 3 (v) to (vii) if you are applying for an open policy)

(v) Principal countries from which the goods are imported: (indicate % of total coming from each country)

(1) _____ (2) _____

(3) _____ (4) _____

(5) _____ (6) _____

(vii) Modes of conveyance(s) _____

4. Values declared:

(i) The basis of valuation: Amount of invoice + freight + _____ % _____

(ii) Amount declared for insurance: KShs. _____

(Complete 4 (iii) and (iv) if you are applying for an open policy)

(iii) Limits of insurance:

By any one vessel, KShs. _____ By any one vessel on deck, KShs. _____

By any one aircraft, KShs. _____ By any one truck/train, KShs. _____

By registered parcel post, KShs. _____

	Imports	Exports
(iv) Insured volume during the last 12 months	KShs. _____	KShs. _____
Estimated volume to be insured for the next 12 months	KShs. _____	KShs. _____
Estimated value per shipment	KShs. _____	KShs. _____

SECTION B : TECHNICAL DETAILS *(continued)*

5. Previous insurance

(i) Give the name(s) of insurer(s) for the past 3 years (Complete a separate line for each year)

	Name of insurer	Name of brokers/agent
1		
2		
3		

(ii) Premium and losses experience for the past 3 years (Give full details of all losses and premiums paid in respect of marine-cargo insurance, losses paid and outstanding for the past 3 years. Complete a separate line for each year).

Year	Premiums paid	Losses paid	Losses outstanding
1	Imports		
	Exports		
2	Imports		
	Exports		
3	Imports		
	Exports		

6. Insuring conditions

- (i) Institute cargo clauses (A) (B) (C) (Air)
- (ii) Institute bulk oil clauses (Air Cargo)
- (iii) Institute war clauses (Cargo) (Air Cargo)
- (v) Duty clause

(7) **REMARKS:** (Any additional information)

SECTION C : PAYMENT DETAILS

Payment Type (Please tick)

- Cash: (Please pay Directly to Chartis Kenya Insurance Co. Ltd.)
- Cheque: Cheque No. _____ Bank: _____
- Premium Finance: (State the Financing company) _____
-

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECTLY TO CHARTIS KENYA INSURANCE CO. LTD

- Please note that all premium cheques must be written in favour of CHARTIS KENYA INSURANCE CO. LTD. CASH must be paid direct to CHARTIS and appropriate receipt obtained.
- Insurance cover will commence only after payment has been receipted by CHARTIS KENYA INSURANCE CO. LTD. If any cheques is dishonored cover will be deemed to have been inoperative with effect from inception.
- Please check that your insurance Agent has a current License from the Commissioner of Insurance

SECTION D : DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed on this _____ day of _____ 20 _____

For and on behalf of: _____

Name: _____

Signature: _____ Date: _____

(If Corporate): Designation of contact person: _____

Company Stamp: _____

SECTION E : OFFICIAL USE ONLY

Period of Insurance: From: _____ / _____ / 20 _____ Policy No. _____

To: _____ / _____ / 20 _____ (both dates inclusive)

First Premium: _____

Stamp Duty: _____

Total: _____

Name of Producer: _____ Tel: _____

Proposal Status: (Note Check if all requirements are be attached)

Approved: _____

Deferred: Reason: _____

Rejected: Reason: _____

Underwriters Name & Signature: _____

Date: _____