

MARINE CARGO OPEN COVER - DATA SHEET

CONTACT DETAILS				
Company Name	:			
Address	:			
Business	:			
Telephone No	:		Fax No.	Email
Contact Person	:			Designation

DETAILS OF COVER									
Interest (Description of Goods)									
Voyage	<table border="1"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	From	To						
From	To								
<input type="checkbox"/> Imports <input type="checkbox"/> Exports <input type="checkbox"/> Cross Voyages									
Packing details									
Mode of Shipment	<input type="checkbox"/> Air <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Sea <input type="checkbox"/> LCL <input type="checkbox"/> FCL <input type="checkbox"/> Break Bulk								
Basis of Valuation	<input type="checkbox"/> FOB + 20% <input type="checkbox"/> C+F +10% <input type="checkbox"/> CIF +10%								
Limit Per Shipment									
Cover	<input type="checkbox"/> ICC (A)/Air/All Risks <input type="checkbox"/> Non Delivery <input type="checkbox"/> ICC (C) /Restricted Cover <input type="checkbox"/> Land Transit Clause (All Risks) <input type="checkbox"/> Total Loss Only <input type="checkbox"/> Land Transit Clause (Fire, Collision, Overturning)								
Bank/s									
Estimated Annual Turnover									

OTHER DETAILS	
Existing Insurance Co.	:
Preferred Insurance Co.	:
Claims experience for last 3 years	: