



MARINE INSURANCE OPEN POLICY / OPEN COVER PROPOSAL FORM

1.	Name of the Proposer in full (IN BLOCK LETTERS)	
2.	Address for communication P.B. No. P.C. No. Location	
3.	Tel. No GSM No. Fax No. Email Id	
4.	Description of the Business/ Profession/ Trade and how long established?	
5.	Interest proposed for Insurance	
6.	Packing – (Describe in detail such as crates, bundles, cartons, cases, pallets, drums, rolls etc.)	
7.	<ul style="list-style-type: none"> a. Percentage of <ul style="list-style-type: none"> • Goods containerized • Non-containerized • By Air Freight b. Percentage of <ul style="list-style-type: none"> • Fragile Items • Non-Fragile Items 	
8.	Valuation of interest	<input type="checkbox"/> Cost, Insurance, Freight (CIF) <input type="checkbox"/> Cost, Insurance, Freight Plus _____ percentage (C& F) <input type="checkbox"/> Free on Board (FOB) <input type="checkbox"/> Duty
9.	Limits Required <ul style="list-style-type: none"> • By Any One Vessel • By Any One Aircraft • By Any One Vehicle • Any One Location 	
10.	Conveyance(s)	<input type="checkbox"/> By Sea





		<input type="checkbox"/> By Air <input type="checkbox"/> By Road		
11.	Annual Turnover of Expiring year: <ul style="list-style-type: none"> • Exports • Imports • Domestic 	OMR	OMR	OMR
12.	Expected Turnover for Current Year	OMR		
13.	Voyage Details	From		
		To		
14.	Policy Period (For Open Policy)	From		
		To		
15.	Cover Required	<input type="checkbox"/> Institute Cargo Clauses (A) / (All Risks, War & SRCC) Air – All Risks (or equivalent)		
		<input type="checkbox"/> Institute Cargo Clause (C) / Limited Cover (or equivalent)		
		<input type="checkbox"/> Others – Please specify.		
16.	Current / Expiring Policy information Current Insurer Current Broker Loss Information			
	Year	Total Insured Volumes	Total Claims Paid	Total Claims Outstanding
				Number of Claims
17.	Any other relevant information			
18.	Previous year policy details <ul style="list-style-type: none"> • Name of the insurer • Policy Period 			
19.	Has this insurance been <ul style="list-style-type: none"> • Declined • Cancelled by other insurance Company • Any Special Conditions imposed 	Yes / No	Yes / No	Yes / No
20.	Is the interest now to be insured, insured with any other Insurance Company with same type of coverage? If so, give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DECLARATION

I/ We understand and agree that the information disclosed in this proposal will form the basis of the insurance contract. I/ We also declare that the information and details mentioned in this proposal are correct





to the best of my / our knowledge and if proven otherwise in any respect, the insurance contract will become null and void without any notice.

Place:

Date:

Signature of the Proposer

NOTE:

The contract will not be in force until the proposal has been accepted by the Company. This contract is governed by the insurance regulations of The Sultanate of Oman.

