

**MARINE CARGO INSURANCE PROPOSAL FORM**

Date .....

Name of Bank..... **Declaration #**.....

L/c. or Doc. No.....

**Assured:** .....

**A/C. M/s.** ----- **PIN#** -----

Cargo Insured.....

Weight.....Packing.....

Mode of Transit (Sea/Air/Land)

Conveyance: Name of Vessel Flight No. Onward Transit Details.....  
 ..... .....

Bill of Lading No. (if available)..... Origin of goods.....

Voyage from ..... Via..... To.....

Approximate Date of departure /Sailing.....

Conditions of Insurance : .....

Basis of Insured Value (Whether Invoice value plus freight etc.) .....

Invoice Currency.....

Warranted shipment to be effected on a first Class Steamer (not over 15 years) or held covered at an additional premium to be charged in accordance with the Advisory additional Premium of underwriters association at effective date of shipment.

**Insured value:**

C&F / FOB / EX-FY Value : .....

+ % Value : .....

@ Exchange : SAR.....

Signed.....

Assured