

Marine Open Policy Application Form

1. Assured: (Company Name)

2. Full Company Address: (Number, Street, Subdivision/Village, Barangay, Municipality/City, Province, Zip Code)

3. Description of Cargo: (Usual nature of commodities handled)

4. Cargoes are handled as:

Brand New

Used

5. Manner of Packing:

Drums

Bags

Crates

Parcels

Cartons

Sacks

Lift Vans

Others: _____

6. Period of insurance:

(Indicate if insurance coverage will be for one year or per declaration)

7. Frequency of shipments

(if weekly/daily/monthly or whatever is applicable (regarding shipments to be insured)):

8. Limit of Liability per Shipment/Vessel:

(Preferred limit of liability per conveyance/occurrence)

9. Geographical Transmit

Philippines

International

10. Conveyance:

Sea

Air

Land

11: From: (if within the Philippines, indicate which cities cargoes originate from / if internationally, indicate the country)

12: To: (if within the Philippines, indicate which cities cargoes are shipped to / if internationally, indicate the country)

13. Aggregate Limit:

(indicate preferred maximum payout of insurer for claims in a year)

14. Estimated Turnover: (indicate a rough estimate annual turnover for the year (estimated gross freight receipts, income or revenue but excluding duty, taxes or disbursements paid on behalf of your customers))

15. Previous Insurer: (Name of previous Marine Cargo Insurer, if any)

15. Loss History for the Past Five (5) Years:
(indicate claims record for past five years)

16. Requested Coverage:

(A) INSTITUTE CARGO CLAUSE "A" *

(B) INSTITUTE CARGO CLAUSE "B" *

(C) INSTITUTE CARGO CLAUSE "C" *

(D) TOTAL LOSS ONLY

*Please see attached file for coverage

17. Underwriting Information: (other relevant information about the cargoes you handle that we should know)

18. Premium Rate: (To be filled up by Insurer)

19. Contact Person: