

**MARINE POLICY**

We, the Assurers, **CORNERSTONE INSURANCE PLC**, hereby agree in consideration of the payment to us by or on behalf of the Assured of the premium specified in the schedule to insure against loss, damage, liability of expense in the manner hereinafter provided.

In Witness whereof, on behalf of the Assurers, I have hereunto set my hand in at Lagos, Nigeria.

                                                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**AUTHORISED SIGNATORY**

In the event of any loss or damage notice should be given **IMMEDIATELY**to:

**CORNERSTONE INSURANCE PLC  
21, Water Corporation Drive,  
Off Ligali Ayorinde Street,  
Victoria Island, Lagos.**

The Schedule must bear the Signature of a person duly authorised to sign on behalf of the Assurers

This insurance is subject to Nigerian jurisdiction.

The Schedule must bear the Signature of a person duly authorised to sign on behalf of the Assurers.

This insurance is subject to Nigerian jurisdiction.

Dated this **...... .**..... .............day of..........................................

**IMPORTANT**

**PROCEDURE IN THE EVENT OF LOSS OR DAMAGE FOR WHICH UNDERWRITERS MAY BE LIABLE LIABILITY OF CARRIERS, BAILEES OR OTHER THIRD PARTIES**

IT IS THE DUTY OF THE ASSURED AND THEIR AGENTS, IN ALL CASES TO TAKE SUCH MEASURES AS MAY BE REASONABLE FOR THE PURPOSE OF AVERTING OR MINIMISING A LOSS AND TO ENSURE THAT ALL RIGHTS AGAINST CARRIERS, BAILEES, OR OTHER THIRD PARTIES ARE PROPERLY PRESERVED AND EXERCISED. IN PARTICULAR, THE ASSURED OR THEIR AGENTS ARE REQUIRED:-

|  |  |
| --- | --- |
| 1. | TO CLAIM IMMEDIATELY ON THE CARRIERS PORT AUTHORITIES OR OTHER BAILEES FOR ANY MISSING PACKAGES. |
| 2. | IN NO CIRCUMSTANCES, EXCEPT UNDER WRITTEN PROTEST TO GIVE CLEAN RECEIPTS WHERE GOODS ARE IN DOUBTFUL CONDITION. |
| 3. | WHEN DELIVERY IS MADE BY CONTAINER, TO ENSURE THAT THE CONTAINER AND THE SEALS ARE EXAMINED IMMEDIATELY BY THEIR RESPONSIBLE OFFICIAL. |
|  | IF THE CONTAINER IS DELIVERED DAMAGED OR WITH SEALS BROKEN OR MISSING OR WITH SEALS OTHER THAN AS STATED IN THE SHIPPING DOCUMENTS, TO CLAUSE THE DELIVERY RECEIPT ACCORDINGLY AND RETAIN ALL DEFECTIVE OR IRREGULAR SEALS FOR SUBSEQUENT IDENTIFICATION. |
| 4. | TO APPLY IMMEDIATELY FOR SURVEY BY CARRIERS' OR OTHER BAILEES' REPRESENTATIVES.  IF ANY LOSS OR DAMAGE BE APPARENT AND CLAIM ON THE CARRIERS' OR OTHER BAILEES FOR ANY ACTUAL LOSS OR DAMAGE FOUND AT SUCH SURVEY. |
| 5. | TO GIVE NOTICE IN WRITING TO THE CARRIERS OR OTHER BAILEES WITHIN 3 DAYS OF DELIVERY IF THE LOSS OR DAMAGE WAS NOT APPARENT AT THE TIME OF TAKING DELIVERY. |
|  |  |

**NOTE:** THE CONSIGNEES OR THEIR AGENTS ARE RECOMMENDED TO MAKE THEMSELVES FAMILIAR WITH THE REGULATIONS TO THE PORT AUTHORITIES AT THE PORT OF DISCHARGE.

**DOCUMENTATION OF CLAIMS**

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| --- | --- |
| To enable claims to be dealt with promptly, the Assured or their agents are advised to submit all available supporting documents without delay, including when applicable:- | |
| 1. | Original Policy or certificate of insurance. |
| 2. | Original or copy shipping invoices, together with shipping specification and/or weight notes. |
| 3. | Original Bill of lading and/or other contract of carriage. |
| 4. | Survey report or other documentary evidence to show the loss or damage. |
| 5. | Landing account and weigh notes at final destination. |
| 6. | Correspondence exchanged with the Carriers and other parties regarding their liability for the loss or damage. |
| The Assured should for their own protection examine the Policy to establish that it is in accordance with their requirements. | |
| **INSTRUCTIONS FOR SURVEY**  In the event of loss or damage which may involve a claim under this insurance, immediate notice of such loss or damage should be given the Assurers and a Survey report obtained from an approved Surveyor or as directed by them.  **CLAIMS**  In case of any lawful claim hereon it is agreed that the same shall be settled by the COMPANY or the claims Settling Agents named herein upon surrender of the original Certificate duly endorsed.  This insurance shall be subject to English Law and Practice in so far as the English Law does not conflict with the Law of Federal Republic of Nigeria. | |
| **Examined:     {SubmitBy}**                                                                             {Signature}  **Signed on behalf of the Assurers** | |

**THE SCHEDULE**

|  |  |
| --- | --- |
| **POLICY NO** | **{**POLICYNO**}** |
| **DATE OF POLICY** | **{**EntryDate**}** |
| **NAICOM UID:** | {NAICOMUID} |
| **NAME OF ASSURED** | **{**INSUREDNAME**}** |
| **VESSEL** | **{**Conveyance**}** |
| **VOYAGE OR PERIOD OF INSURANCE** | FROM: {StartDate}  TO: {EndDate} |
| **SUBJECT MATTER INSURED, WITH MARKS AND NUMBERS** | **{**subMatter**}** |
| **AMOUNT INSURED HEREUNDER:** | ~~N~~ {SumInsured} |
| **ESTIMATED ANNUAL CARRIAGE:** | ~~N~~ {SumInsured} |
| **RATE:** | **{**PremRate**}** |

**{Signature}**

**For: CORNERSTONE INSURANCE PLC**

**CLAUSES, ENDORSEMENTS, SPECIAL CONDITIONS AND WARRANTIES ATTACHED, AS FORMING PART OF THIS POLICY AS PER THE ATTACHED**

|  |  |
| --- | --- |
| **MEANS OF CONVEYANCE:** | **{Conveyance}** |
| **MODE OF SHIPMENT** | **{ModeConveyance}** |
| **BASIS OF VALUATION:** | [C&F]+{cdBasisval}% |
| **EFFECTIVE DATE:** | {StartDate} |

**MEMORANDA ATTACHED TO AND FORMING PART OF {SUBRISK} POLICY NO. {POLICYNO} IN THE NAME OF {INSUREDNAME}**

{ListTable2}

**COMPLAINTS PROCEDURE**

We always aim to meet and exceed your expectation as our well-cherished customer. However, if you are not satisfied with our service, you may lodge your complaints to us in writing through your Broker/Agent or directly {if there is no Broker/Agent} to:

The Group Head, Customer Experience Group,

Customer Services Department

CORNERSTONE INSURANCE PLC

Block D Plot 21, Water Corporation Drive,

Oniru Extension, P.O.BOX 75370

(off Ligali Ayorinde Street)

Victoria Island, Lagos.

Contact Customer Service on:

* Telephone No: 0700 Cornerstone (0700 26763778663)
* Email: [enquiries@Cornerstone.com.ng](mailto:enquiries@Cornerstone.com.ng)

**Information to be provided with the complaint**

Name, address, contact details, and description of the complaint.

**How complaints are handled.**

* Once a complaint is received, the Customer Services Team shall acknowledge receipt of the complaint within 2 days.
* All complaints will be resolved within 3 working days.
* For exceptional cases where a complaint takes a longer time to be resolved, the Customer Services Team will keep the complainant informed of the status on a regular basis.
* In the event of an inability to resolve the complaints, the Complaint Co-Ordinator will ensure compliance with the Arbitration clause spelled out in the policy document.

**The following other options are available for the client/complainant in case the resolution is not satisfactory:**

Arbitration Committee of the Nigerian Insurers Association [NIA] at no extra cost to you.

Address: No 42, Saka Tinubu Street, Victoria Island, Lagos.

Telephone Number: 08029908531

E-mail - [info@nigeriainsurers.org](mailto:info@nigeriainsurers.org)

The Complaint Bureau of the National Commission

Address: Plot 1239, Ladoke Akintola Boulevard

Garki II, PMB 457 Garki

Abuja, Nigeria

Telephone Number: +**234 (09) 875-6021**

E-mail: [contact@naicom.gov.ng](mailto:contact@naicom.gov.ng).

Where the above processes fail to produce the desired result, customers have the right to the competent court of Jurisdiction as the final arbiter.

Thank you for choosing Cornerstone Insurance Plc as your preferred Insurance Company.