



युनाइटेड इंडिया इन्सुरेंस कंपनी लि.

UNITED INDIA INSURANCE CO. LTD.

UNITED INDIA INSURANCE COMPANY LIMITED,
D.O.3, ASHRAM ROAD, AHMEDABAD-380 014.

009 / 991

Agent : Harshad Thakkar

MARINE PROPOSAL FORM

1. Name and address of proposer :

2. I. Full description of commodity/ Materials
With details of packing

ii. Is the material containerised:

Yes/no

Container No. _____

3. From _____ to _____

4. Mode of despatch : _____

5. Particulars of transportation :

LR/RR/BL No. _____ Date _____

Name of Steamer) _____

6. i. Tentative Date & time of ship/despatch :

ii. Date of arrival of vessel: _____

7. If by Rail/Road, closed or open wagon ?
If steamer on deck or under deck?

8. Sum Insured : _____

9. Maximum limit per bottom/sending/despatch : _____

10. Cover required (only transit

All Risk Transit + TPND etc.?)

11. PREVIOUS INSURANCE

Name of Insurer	Year	Cover	Premium Rate	Premium	Claims paid and o/s
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(If not insured previously, particulars of total value of despatches and losses suffered, indicating relevant period should be given).

12. What other premium being received or expect from
This source (to be replied by party/Inspector)

13. OFFICE RECOMMENDATIONS:

djp\c:\ddd\marprop

Sign. Of proposer.