

AWASH INSURANCE COMPANY S.C (AIC) Marine Insurance Proposal Form

	Date		
	Ref		
N	me of Proposer		
C	Cover Required Address 1) Marine All Risk 2) Inland Transit 3)Open Cover		
(1	nount) of Insurance (Birr) Market Value =		
	Invoice Value=		
Si	oject Matter to be Insured		
	ase provide full details of subject matter to be insured		
_			
4.	. Will any of the subject matter described be shipped in bulk? Yes \(\sime\) No \(\sime\) If yes please provide details		
_	please provide details		
4.			
4.	Please provide details For subject matter not shipped in bulk indicate if they will be packed in cking)		
 4.	Please provide details For subject matter not shipped in bulk indicate Cartons Cartons Cartons Bags Drums Bundles		
	Please provide details For subject matter not shipped in bulk indicate Cking) Cartons Crates Bags Drums Bundles Other, please provide details		
4. (p	Please provide details For subject matter not shipped in bulk indicate Cking) Cartons Crates Bags Drums Bundles Other, please provide details		
4. (r	Please provide details For subject matter not shipped in bulk indicate Grates O Bags O Drums OBundles Other, please provide details Please indicate Jif subject matter is		

	4.4.	Please indicate		
		 Over-height/over-width unable to fit into fully enclosed containers. Of a type which require special lifting apparatus for loading and unloading. 		
		 Required to be kept within a specific temperature range. 		
	• •	o Fragile		
		 Susceptible to rust, oxidization, discoloration. 		
		 Subject to on-deck bills of lading. 		
	4.5.	Please provide details of special instructions given to packers, carriers, shipping and forwarding agents for the safe carriage of any goods marked \int		
5.	Marks & Nos.			
6.	Voyag	e : FromTo		
7.	Per S.S	5		
	-			
8.	Conve	yance: O Sea O Air O Parcel Post O Road(carriers) O Road(Own Vehicles) O Rail		
	REMA	RKS:- If the Insured opted Sum Insured to be invoice value, (for vehicle only)		
		claims will be entertained on average basis.		
	DECLA	DATIONI. I/W. deslaws that I/W. have used an Journal O. Cilial the		
		RATION: I/We declare that I/We have read, understood & filled the on this proposal and confirm that it is true & correct, no information has been		
		ch could affect the acceptance of this application.		
1				
13				
Name	of prop	oser Date		