

PROPOSAL FORM OF MÀRINE CẢGO INSURANCE

Currency: USD VND Exchange Rate: 1 USD = VND Policy Version ENG. VN

Policy No.:	Renewal Policy No.:	Copies of Policy	Copies of Statement
		Original:	Original:
		Duplicate:	Duplicate:

Name of Insured: _____ **Reg. No.:**

Name of Beneficiary: _____

Address of Insured: _____ **Tel:** _____

Conveyance: _____ **Leaving Date on/about:** _____

Route of Transit: From _____ **To** _____

Estimated Revenue: _____

Subject Matter Insured:
Warranted subject-matter insured are New Goods unless otherwise specified.

Condition of Subject Matter Insured: Used Good Return Cargo

Invoice No.: _____ **L/C No.:** _____

Period of Insurance: From ___ / ___ / ___ **To** ___ / ___ / ___ (dd/mm/yy) Noon to Noon, Local Time

Loss Record: No, Yes, if any _____

Insured Items	Sum Insured	Deductible	Premium
Any one accident			
Any one transit			
In aggregate			

Minimum and Deposit Premium: _____

Total Premium: _____

Additional Clauses: _____

Deductible _____

Signature of Insured: _____ **Date of Application:** ___ / ___ / ___ (dd/mm/yyyy)

Signature of Broker/Agent: _____

General Director	Director	Manager	Underwriter	FAC	Check	Key In	Broker/Agent & Commission
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