



MARINE RISK SOLUTIONS INC
Republic of Panama , Panama City, Registration Nbr. 605848-1302174

APPLICATION FORM - CARGO INSURANCE
(marine shipment)

Date:

1. Name of Applicants: _____

(on Assureds' name and behalf as below)
2. Name of Assureds: _____

(on which name the insurance Policy should be completed)
3. Assureds' full details and contact persons: _____

4. Type/name Cargo: _____
5. Number of places: _____
(containers, boxes and et.al.)
4. Number of cargo's units: _____
(pieces, pairs, bottles, ton and et.al.)
5. Packing type: _____
6. Numbers and dates of B/L's: _____
7. Estimated date of shipment: _____
8. Name, type and year of built of vessel: _____
9. Port and Flag of vessel: _____
10. Trans-shipper's name and full details on said shipment (from B/L's): _____

11. Current ship's P&I Insurer: _____
12. Method of cargo's transportation: (in hold, on deck, in bulk and etc.): _____
13. Points of cargo's shipment, transshipments and delivery (correct address): _____

14. Storage: _____
15. Details of sprinkler or alarm system: _____
16. Contract amount: _____
17. Insurance value of cargo: _____
18. Payer's name: _____
19. Type of insurance terms: ICC (A) Cl.252, ICC (B) Cl.253, ICC (C) Cl.254, ICC (War risks) Cl.255, ICC (Strike Risks) Cl.256.: _____

20. Other information that will be affected for judgement of the risk (if any please specify details on separate sheet):

21. Details of current insurance, if it possible: _____

On behalf of Applicants: _____ (_____)

Stamp

Signature