

ANNUAL COVER CARGO INSURANCE PROPOSAL FORM

Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to underwritingteam@acisunderwritingagencies.com.

APPLICANT DETAILS					
Company Name					
Company Head Office Address					
Nature of the business					
Date Company Established	Website				
Your name and position within the company	Your contact telephone number and email address				
CARGO DETAILS					
Describe in detail the cargo proposed for the	or insurance o will pack the cargoes (FCL, LCL, Breakbulk)				
Condition of the condition					
On what basis is valuation required (e.g. CIF + %)	New Used U				
Estimate the maximum value of cargo on any one vessel/aircraft/vehicle etc.	Currency:				
Estimate the maximum value of cargo at risk at any one time and in any one location	Currency:				

(e.g. port to port, warehouse to warehouse). Is storage required beyond the normal course of transit? If yes, please provide details If yes, please provide details		node of transi				
Is storage required beyond the normal course of transit? ANNUAL VALUES	duration of coverage required? (e.g. port to port, warehouse to		Please detail exact locations.			
ANNUAL VALUES Insured volume during the last 12 months Estimated volume to be insured for the next 12 months Estimated maximum value per shipment CLAIMS Have any claims been made, or have there been any circumstances likely to give rise to a claim being made, in the last 5 years? Has any insurer ever declined to insure you? Has any insurer previously imposed any special terms, exclusions or warranties? PREMIUM & LOSS EXPERIENCE FOR THE LAST 5 YEARS Year 1 (current year) Premium If yes, please provide details in a separate sheet No □ Premium If yes, please provide details in a separate sheet No □ Year 2 Year 3 Year 4 Year 5			ricase actair exact locations.			
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(current year) Premium			1			
Premium Premium						. 341 3
		•				
	Premium					
Paid losses	Paid losses					
Outstanding	Outstanding					
Losses	_					

ADDITIONAL NOTES
<u>Declaration and Signature</u>
On behalf of all proposed insureds, I/we declare and agree that:
▲ all information provided in this proposal and attachments is true and complete
in every respect and that no material facts remain undisclosed;
it is understood that the insurer(s) require this information in order to evaluate
this proposal and you agree to us processing such data in accordance with our responsibilities under General Data Protection Regulation;
the insurer(s) is authorised to disclose information to its advisers, reinsurers,
other insurers and parties with a financial interest in the subject matter of this
proposal;
▲ the insurer(s) is authorised to check details against the insurance claims register
and to place information on the insurance claims register which other insurers
can access;
the insurer(s) is authorised to obtain from other parties any information which
may be relevant to acceptance of this risk; the signing of this proposal does not bind either party to complete the contract
and that no cover will be in force until confirmed by the insurer(s). However, if
this risk is accepted, such information will be incorporated into and form the
basis of the contract of insurance.
Signature:
Date: Company Stamp: