Insurance Services

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@acisins.com

Company Name:	
Company Head Office Address:	
Nature of the business:	
Website:	**Date Company Established:**
Your name and position within the company:	
Your contact telephone number and email address:	

CARGO DETAILS

Describe in detail the cargo proposed for insurance:		
Describe the nature of packing and who will pack the cargoes (FCL, LCL, Breakbulk):		
Condition of the goods:	**New** ❑	**Used** ❑
On what basis is valuation required (e.g. CIF + %)		
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:**	
What is the mode of transit and the duration of coverage required? **(e.g. port to port, warehouse to warehouse).**		
	Please detail exact locations.	
Is storage required beyond the normal course of transit?		
	If yes, please provide details	

ANNUAL VALUES

	IMPORTS	**EXPORTS**
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?	**Yes ❑** **If yes, please provide details in a separate sheet**	**No ❑**
Has any insurer ever declined to insure you?	**Yes ❑** **If yes, please provide details in a separate sheet**	**No ❑**
Has any insurer previously imposed any special terms, exclusions or warranties?	**Yes ❑** **If yes, please provide details (why?)**	**No ❑**

PREMIUM & LOSS EXPERIENCE FOR THE LAST 5 YEARS

	Year 1 (current year)	Year 2	Year 3	Year 4	Year 5
Premium					
Paid losses					
Outstanding Losses					

ADDITIONAL NOTES

Declaration and Signature

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:**