

MARINE CARGO

Marine & Aviation Department

Direct Telephones: 03-7332628/29/30/39/2976

Please complete this Form and return it to Fax No.: 03-7337991

Proposal Form

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142)(or any subsequent amendments thereof) – You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Intermediary: _____ **Code:** _____ **Fax. No.:** _____ **Tel No.** _____

Email: _____

Please write or tick where applicable.

1. The Proposer

Full Name: _____

Mailing Address: _____

Tel: _____ Fax: _____ Email: _____

Nature of Business (Please provide full description.): _____

Business Registration No. _____ Number of Years in Business: _____

2. Cargo

Description: _____

Type of Packing: Cartons Wooden Cases Bundles Bulk Shipment

Full Container Load Lesser Container Load

Others, please specify: _____

3. Individual Shipment – Single Policy

- (a) Sum Insured: _____
- (b) Voyage/Transit From _____ To _____
Transshipment Port (if any): _____
- (c) Vessel's Name/Flight No.: _____
- (d) Estimated Departure Date: _____

4. Multiple Shipments: Open Policy Annual Policy Cover Note

- (a) Mode of Transit: : Air Sea Land
- (b) Maximum Sum Insured Per Conveyance: _____
- (c) Voyage/Transit: From: _____
To: _____
- (d) Estimated Annual Turnover:
(For Open/Annual Policy) _____
- (e) Total Sum Insured: _____
(For Cover Note)
- (f) Frequency of Shipments Per Month: _____

5. Coverage Required:

- Institute Cargo Clauses (A) Institute War Clauses (Cargo)
- Institute Cargo Clauses (B) Institute Strikes Clauses (Cargo)
- Institute Cargo Clauses (C) Others, please specify: _____

6. Standard Clauses

The insurance is subject to the following clauses:

- | | |
|---|--|
| (a) Institute Radioactive Contamination Chemical Biological Bio-chemical & Electromagnetic Weapons Exclusion Clause | (e) Institute Classification Clause |
| (b) Institute Cyber Attack Exclusion Clause | (f) Terrorism Exclusion Clause |
| (c) Computer Millennium Clauses (cargo) | (g) Exclusion of Rights under the Contracts (Rights of Third Parties) Act 2001 |
| (d) Cargo ISM Endorsement | |

Info center:
972-3-7332222

Page 2 of 3
קשרי לקוחות: *3455
03-7332222

7. Claims Experience (last 5 years)

| Year | Premium Paid (US\$) | Claims Incurred (US\$) | | |
|------|---------------------|------------------------|-------------|-------|
| | | Paid | Outstanding | Total |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. Existing Insurer/Producer

Please state below existing insurer and existing producer.

Existing Insurer

Existing Producer

Declaration

WE/I DO HEREBY DECLARE AND WARRANT that the answers/information given above in every respect are true and correct and we/I have not withheld any information likely to affect the acceptance of this proposal and we/I agree that this Proposal & Declaration shall be the basis of the Contract between the Company and ourselves/myself and we/I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

_____ Date

_____ Signature of Proposer & Company Stamp

The liability of the Company does not commence until this Proposal has been accepted by the Company.

Underwriter's Quotation

Class: _____ Insured: _____ Date of Proposal Form: _____

_____ Quotation Date

_____ Signature

Validity Date: 14 days from quotation date:

(Underwriter: _____)

Info center:
972-3-7332222

Page 3 of 3
קשרי לקוחות: *3455
03-7332222