

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

HEAD OFFICE: Plot 590, Zone AO, Central Area, Abuja



MARINE CARGO PROPOSAL/QUOTATION FORM

AN INSURANCE AGENT WHO ASSISTS ANPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT

1. BROKER/AGENT.....
2. PROPOSER.....
- (a) PROPOSER'S BUSINESS.....
- (b) ADDRESS.....
- (c) TELEPHONE NO..... EMAIL:.....
3. INCEPTION DATE.....
4. INTEREST (i).....MODE OF PACKING.....
(ii).....
(iii).....
(iv).....
(v).....
5. PROFORMA INVOICE NO:.....
- 6.(a) VOYAGE FROM.....
TO:.....
- (b) DESTINATION:.....
7. MEANS OF CONVEYANCE
Sea Sea Parcel Post
8. MAXIMUM AMOUNT AT RISK: LOCATON
(a) ANY ONE VESSEL:.....
(b) ANNUAL TURNOVER:.....
9. BASIS OF VALUATION AND DECLARATION FOR INSURNACE PURPOSE (unless otherwise declared prior to loss) to be declared at C&F plus.....% plus duty if required.
10. SCOPE OF COVER REQUIRED?
(Please state any other special requirement)
(a) ICC (A) (b) ICC (C) (c) WAR, SR & CC

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11. HAS THE INTEREST BEEN INSURED WITH ANY OTHER COMPANY? IF SO PLEASE GIVE THE FOLLOWING DETAILS: -
- (a) NAME OF COMPANY:.....
- (b) SCOPE OF COVER:.....
- (c) EXISTING RATES:.....(WITH EFFECT FROM).....
- (d) CLEARANCE WARRANTY.....
12. SOURCE OF PREMIUM AND CLAIMS FIGURES:.....
13. AUTHORITY TO OBTAIN QUOTATION
GRANTED BY (NAME OF OFFICIAL):.....
NAME OF COMPANY:.....

I/WE hereby declared the truth of all the foregoing statements to the best of my/our knowledge and that I/We have not withheld any material information.

Date:.....

Signature of Proposer and/or
his Agents and/or Brokers.

FOR OFFICIAL USE ONLY

COVER NUMBER:.....

RATING STRUCTURE

RATE(S) QUOTAED BY:.....

ICC(A).....

ICC(B).....

ICC(C).....

TRANSHIPMENT MIDSTREAM

DISCHARGE AND INLAND TRANSIT

.....

WAR SR & CC.....

OTHERS:.....