



## MUS MARINE CARGO

### APPLICATION FORM

Please note that it is a duty of the Assured to provide full and accurate information to Underwriters and their agents and failure to do so may result in Underwriters' right to reject a claim which relates to circumstances which should have been disclosed or which is subject to misleading or inaccurate information

#### 1. ASSURED:

Name:	
Contact person:	
Registration number:	
Date of incorporation:	
Address:	
Telephone:	
Web page:	
E-mail:	

#### 2. YOUR INSURANCE BROKER:

Name:	
Contact person:	
Registration number:	
Address:	
Telephone:	
E-mail:	

**3. COMMODITY TO BE INSURED:**

Please provide a brief description of commodity to be insured:

Is the commodity (please check one):

- Brand new                       Reconditioned                       Second - hand

Are goods packed by (please check one):

- Manufacturer / Producer               Owner (other than manufacturer)  Other:

**4. INSURED VALUE / VALUATION:**

Please indicate total sum insured:

\_\_\_\_\_  EUR     USD

Is insured value represented as:

- Invoice value                       110% of invoice value                       Other: \_\_\_\_\_

**5. VOYAGE:**

Please advise the transport route as follows:

From (City, Country)                      Via (City, Country)                      To (City, Country)  
\_\_\_\_\_

**6. MODE OF SHIPMENT:**

Are goods shipped by (please check one):

- Road               Rail               Air               Sea (containerized)               Sea, by MV

Or please describe: \_\_\_\_\_

**7. REQUIRED INSURANCE COVER:**

Are you interested in (please check one):

- All risks cover               Named perils cover               Specific cover: \_\_\_\_\_

**SIGNED:**

**DATED:**