



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(IES) TO BE INSURED:

Please provide a brief description of commodity(ies) to be insured:

Is the commodity(ies) (please check one):

- Brand new Reconditioned Second-hand Other: _____

Are goods packed by (please check one):

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

3. MAXIMUM / AVERAGE VALUE PER CONVEYANCE AND VALUATION:

Please indicate maximum value per conveyance:

Please indicate average value per conveyance:

_____ EUR USD

_____ EUR USD

Is value represented as:

- Invoice value 110% of invoice value Other: _____

3. TRADING AREA:

Please provide a brief description of trading area:

Would you like to insure also storage (other than occurred during the normal course of transit), if yes:

Please identify storage location(s) (name, address of the warehouse(s))	Please advise on storage period (no. of days)

3. MODE OF SHIPMENT:

Are goods shipped by (please check one):

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

Or please describe: _____

3. REQUIRED INSURANCE COVER:

Are you interested in (please check one):

- All risks cover Named perils cover Specific cover: _____

8. LOSS RECORD:

Please provide us with formal loss record from your current Insurers or give us detailed list of claims made against your company showing date and nature of claims and the amounts claimed from you. Such record should be for three last years as a minimum.

SIGNED:

DATED:

DATA PROTECTION NOTICE: For the safe data transition please download to save the enquiry form on your computer and fill it from there. After process with SUBMIT bottom. It will automatically generate an e-mail with the enquiry form attached therein and which will be sent directly to info@underwriting.lv.