



# INTERNATIONAL INSURANCE COMPANY (SL) LIMITED

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To:.....

## APPLICATION FOR MARINE OPEN COVER

We apply herewith for an Open Cover policy incorporating the following details:

1. In the name of.....  
And/Or.....
2. Occupation.....
3. Telephone Number(s).....
4. Address.....
5. Interest:.....
6. Types of Packaging.....Door-to-Door/Groupage
7. Voyage: From.....  
.....  
.....
8. (a) Means of Transport: Steamer/Air Freight/Parcel Post/Ro-Ro  
(b) Any Transshipment?:.....
9. Maximum Amount at Risk:
 

Any one year	Le.....
Any one Vessel	Le.....
Any one land Conveyance	Le.....
Any one Aircraft	Le.....

10. Basis of Valuation: C & F Plus All Charges Plus.....

11. Scope of Cover required.....

AR.....

PPA.....

Plus.....

12. Insurance/Claim History

<u>Insurer:</u>	<u>year</u>	<u>Estimated Import/Export</u>	<u>Claims Made</u>	<u>Claims O/s</u>
.....	200	Le.....	Le.....	Le.....
.....	200	Le.....	Le.....	Le.....
.....	200	Le.....	Le.....	Le.....

13. Name of Clearing and Forwarding Agents.....

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14. Remarks.....