



## SPECIFIC VOYAGE PROPOSAL FORM

S.No	Particular's	Description
1	Name of the Proposer	
2	Proposer's Address (with State and Pincode)	
3	Nature of Business	
4	Period of Insurance	
5	Commodity	
6	Nature of Packing	
7	Voyage From	
8	Voyage To	
9	Transit Commencement Date	
10	Mode of Transit	
	a) Sea	
	b) Air	
	c) Rail	
	d) Road	
	e) Coastal Shipment / Inland Water Ways	
	f) Courier	
	g) Registered Post	
11	Sum Insured	
12	Basis of Valuation	
13	Cover Terms	
14	Rate	
15	Excess	
16	Additional Extensions	
	Loading	
	Intermediate Storage extension at port/transporter's warehouse /C&F agents/Job workers)	
	a) No. of days	
	b) Location	
	c) Cover terms	
	Self Survey Limit	
	Waiver of subrogation rights	
	Concealed Damage /Deffered unpacking ( days)	
	Any other extension ( pls specify)	
17	Intermediary Details	
	Type	
	Name of the intermediary	
	Commission outgo %	



### MARINE OPEN POLICY PROPOSAL FORM

S.No	Particular's	Description
1	Name of the Proposer	
2	Proposer's Address (with State and Pincode)	
3	Nature of Business	
4	Period of Insurance	
5	Subject Matter (Full Particulars of Cargo to be Insured )	
6	Nature of Packing	
7	Voyage From	
8	Voyage To	
9	Policy Type (Imports/ Exports/Inland/Two Third Country)	
10	Mode of Transit	
	a) Sea	
	b) Air	
	c) Rail	
	d) Road	
	e) Coastal Shipment / Inland Water Ways	
	f) Courier	
	g) Registered Post	
11	Estimated Annual Turnover (Rs.)	
12	Initial Sum Insured(Rs.)	
13	Per Bottom Limit (Rs.)	
14	Per Location Limit (Rs.)	
15	Basis of Valuation	
16	Cover Terms	
17	Rate	
18	Excess	
19	Additional Extensions	
	Loading	
	Intermediate Storage extension at port/transporter's warehouse /C&F agents/Job workers)	
	a) No. of days	
	b) Location	
	c) Cover terms	
	Self Survey Limit	
	Waiver of subrogation rights	
	Concealed Damage /Deffered unpack	
	Any other extension ( pls specify)	



20	<b>Intermediary Details</b>					
	Type					
	Name of the intermediary					
	Commission outgo %					
21	<b>Existing Policy details</b>					
	Name of the insurer					
	Existing Policy No. ( if with ITGI)					
	Existing Policy period					
	Existing Rate , Excess & Cover terms					
22	<b>Past experience details</b>					
	Policy No - If with ITGI	Year	Turnover	Premium	Incurred Claims	No of Claims



## SALES TURNOVER POLICY PROPOSAL FORM

S.No	Particular's	Description				
1	Name of the Proposer					
2	Proposer's Address (with State and Pincode)					
3	Nature of Business					
4	Period of Insurance					
5	Subject Matter (Full Particulars of Cargo to be Insured )					
6	Nature of Packing					
7	Mode of Transit					
	a) Sea					
	b) Air					
	c) Rail					
	d) Road					
	e) Coastal Shipment / Inland Water Ways					
	f) Courier					
	g) Registered Post					
8	Additional Extensions					
	Loading					
	Intermediate Storage extension at port/transporter's warehouse /C&F agents/Job workers)					
	a) No. of days					
	b) Location					
	c) Cover terms					
	Self Survey Limit					
	Waiver of subrogation rights					
	Concealed Damage /Deffered unpacking					
	Any other extension ( pls specify)					
9	<b>Transit Details</b>	<b>Estimated Annual Turnover</b>	<b>PBL</b>	<b>PLL</b>	<b>Basis of Valuation</b>	<b>Cover Terms</b>
	a) Imports purchases on CIF basis (Tail end)					
	b) Import Purchases on FOB/C&F basis					
	c) Domestic purchases					
	d) Domestic Sales					
	e) Exports CIF consignments					
	f) Exports on FOB/C&F basis					
	g) Internal movement ( Stock transfer )					
	h) To & fro Job worker movements					
	i) Sales Returns					
	j) Duty					
	k)Two third countries					



10	Initial Sum Insured					
11	Rate					
12	Excess					
13	Premium Payment Method					
	Annual					
	Half-Yearly					
	Quarterly					
14	<b>Intermediary Details</b>					
	Type					
	Name of the intermediary					
	Commission outgo %					
15	<b>Existing Policy details</b>					
	Name of the insurer					
	Existing Policy No. ( if with ITGI)					
	Existing Policy period					
	Existing Rate , Excess & Cover terms					
13	<b>Past expereince details</b>					
	Policy No - If with ITGI	Year	Turnover	Premium	Incurred Claims	No of Claims



## MARINE OPEN (PROJECT) POLICY PROPOSAL FORM

S.No	Particulars	Description
1	Name of the Insured (Principal/Contractor)	
2	Name and address of the Principal(Please specify state and Pincode)	
3	Project Site Address	
4	Scope of Work	
5	Project Value	
6	Project Period	
	<b>SECTION1 (IMPORTS)</b>	
7	Subject Matter (Full Particulars of Cargo to be Insured )	
8	Packing	
9	Mode of Transit	
	a) Sea	
	b) Air	
	c) Courier	
10	Transit From	
11	Transit To	
12	Sum Insured (Rs.)	
13	Per Bottom Limit (Rs.)	
14	Per Location Limit (Rs.)	
15	Basis of Valuation	
16	Cover Terms	
17	Rate	
18	Excess	
19	<b>Additional Extensions</b>	
	Loading	
	Intermediate Storage extension at port/transporter's warehouse /C&F agents/Job workers)	
	a) No. of days	
	b) Location	
	c) Cover terms	
	Self Survey Limit	
	Waiver of subrogation rights	
	Any other extension ( pls specify)	



	<b>SECTION 2 (INDIGENOUS TRANSITS/ TAIL END OF IMPORTS)</b>	
20	Subject Matter (Full Particulars of Cargo to be Insured )	
21	Packing	
22	Mode of Transit	
	a) Rail	
	b) Road	
	c) Coastal Shipment / Inland Water Ways	
	d) Air	
	e) Courier	
	f) Registered Post	
23	Transit From	
24	Transit To	
25	Sum Insured (Rs.)	
26	Per Bottom Limit (Rs.)	
27	Per Location Limit (Rs.)	
28	Basis of Valuation	
29	Cover Terms	
30	Rate	
31	Excess	
32	<b>Additional Extensions</b>	
	Loading	
	Intermediate Storage extension at port/transporter's warehouse /C&F agents/Job workers)	
	a) No. of days	
	b) Location	
	c) Cover terms	
	Self Survey Limit	
	Waiver of subrogation rights	
	Any other extension ( pls specify)	
33	<b>Intermediary Details</b>	
	Type	
	Name of the intermediary	
	Commission outgo %	