

Declaration for Marine Open Cover/Policies

Name of the Proposer				
Address				
Nature of Business		7		
Subsidiaries or any other	1 2 2			
companies to be covered		* * * * * * * * * * * * * * * * * * *		
Financial Interest				
Full description of cargo				
Voyage Details	From			
	Via			
	То			
Mode of Transit	Sea	Air	Land	
Packing Details				
Estimated annual turnover		A		
Maximum transit limit	Vessel			
	Aircraft			
	Container			
Other transit modes				
Cover Required				
Previous Claims Experience				
(For last three years)				
(**************************************				•
Declaration:				
I/We hereby warrant that the aboinformation whatever material to	this proposal. I	We agree that t	his proposal and dec	laration is the
truth and completeness of the an				
Orient Insurance Limited. If the an				
undertake to give immediate notifito the terms and conditions prescri			ner agree to accept a	Policy subject
to the terms and conditions presen	bed by the comp	daily therein.		
Proposer's Signature			Date	