

Marine Cargo Insurance

PART 1 DETAILS OF PROPOSER

Proposer: _____

Address: _____

PART 2 COVER REQUIRED

Please tick the cover required: Annual Cover Date of Inception: _____ Expiry: _____
 Open Cover Date of Inception: _____ \$ _____

Requested Policy Currency: KYD USD

PART 3 METHOD OF DECLARATION

Annual Policy \$ _____ Value of Insured Goods \$ _____ Sales Turnover \$ _____
 Open Cover \$ _____ Monthly \$ _____ Each Shipment \$ _____

Excess required (in addition to any compulsory excess we may apply) Yes No If Yes, please provide details:

PART 4 NATURE OF GOODS

Please provide full details of the subject matter to be insured. _____

PART 5 TYPE OF PACKING

Please advise if the goods will be fully enclosed shipping containers Yes No If No, please provide details of shipping:

Please provide details of special instructions given to packers, carriers, shipping and forwarding agents for the safe carriage of any goods.

PART 6 BASIS OF VALUATION

Please advise how your goods are valued.

Maximum value of goods	Imports	Exports	Inland transit
Any one conveyance	\$ _____	\$ _____	\$ _____
Any one location	\$ _____	\$ _____	\$ _____

PART 7 METHOD OF TRANSIT

Vessel _____% Airfreight _____% Road _____% Post _____%

Main place of origin: _____

Main place of destination: _____

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PART 8 CLAIMS EXPERIENCE

Have you had any losses or claims within the past three years? Yes No If Yes, please provide details:

Description	Year	Year	Year
Value of claims paid			
Value of claims outstanding			
Number of Claims			

Approximate Annual Turnover _____

Approximate annual value of goods imported _____

Maximum value any one conveyance/shipment/location _____

PART 9 PRIOR INSURANCE

Has any insurer ever declined insurance or imposed special conditions? Yes No If Yes, please provide details:

Has any insurer ever cancelled or refused to renew your insurance? Yes No If Yes, please provide details:

PART 10 DECLARATION

I/We wish to effect an insurance with British Caymanian Insurance Company Limited (“CG BritCay”). I/We declare that the above statements are complete and correct, and that no material fact has been misrepresented, misstated or withheld. I/We agree that this proposal shall form the basis of the contract between CG BritCay usual form of policy for insurance of this nature. If this proposal form has been written by anyone else, that person is my/our agent for that purpose and not the agent of CG BritCay. I/We agree that the insurance shall not be enforced until the application has been accepted by CG BritCay. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG BritCay may process any and all of the personal data provided.
- I consent to CG BritCay processing my personal data, in accordance with CG BritCay’s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG BritCay in respect of any third party, is done with that third party’s consent and knowledge of CG BritCay processing of their personal data.

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- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Print Name _____

Signature _____ Date _____