

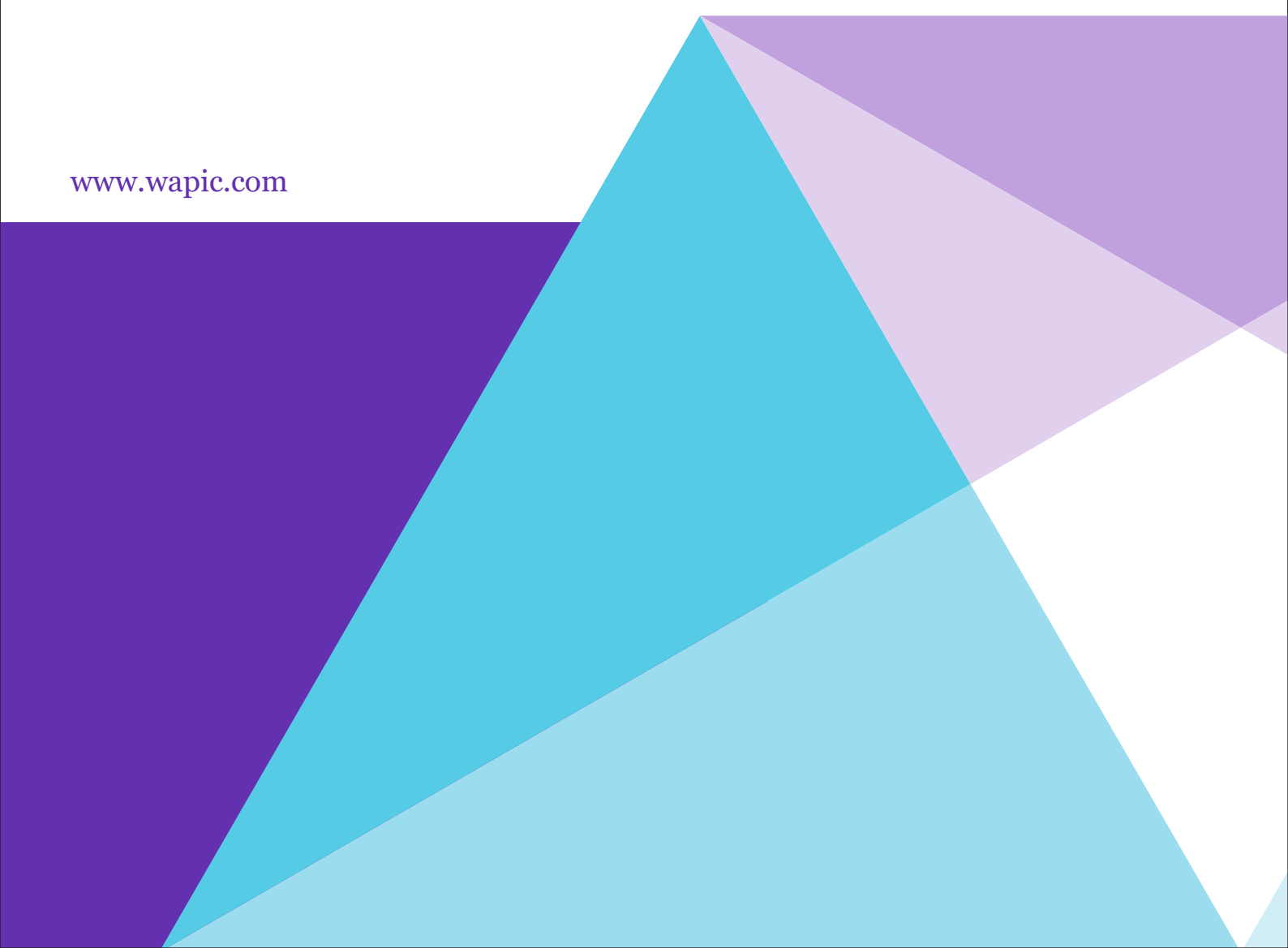
Risk Insured. Rest Assured



Proposal Form

Marine Cargo Insurance

www.wapic.com



Guidelines

1

Please fill the form in BLOCK LETTERS and leave one blank box between two words. Note that all sections of the proposal form must be completed particularly the ones marked (*) using ink. Do not sign any blank or partially completed proposal form.

2

Kindly provide copies of all basic requirements. These include:

- ▼ Proforma invoice
- ▼ Evidence of payment/Credit note for Brokers
- ▼ KYC documentation (as stated on the inner back cover)

3

Please note that any individual who assists an applicant to complete this proposal form for insurance purposes shall be deemed to have done so as an agent of the applicant.

4

Kindly contact the Company's Office or Agent for any doubts or clarifications on the content of this proposal form.

Note:

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

It is important that you provide full and detailed answers to all questions to ensure proper assessment of the risk. This will also ensure quote terms that are fair and reasonable to both parties.

Incorrect or non-disclosure of material information by you may impact on claims arising under this policy.

Marine Cargo Insurance

▼ Proposer's details

Proposer's Name:

Legal Form: Sole Proprietorship Partnership Cooperative Limited Liability Company
 Company Limited by Guarantee Public Liability Company Government (MDAs)

Website:

▼ General information

Address: House no.: Street name:

P. O. Box

Tel No.: Alt. Tel No.:

Email:

Business of Proposer:

▼ Policy Questions

1. Policy to be issued in favour of (List out all the parties who have insurable interest, including financial Institutions. Use extra sheet, if required).

Location of risk to be covered:

Address same as above: Yes No If 'No', please provide below:
 (if there are multiple risk locations, use extra sheet)

Block Flat No*: Floor No: Building Name*:

Street Name*: LGA:

State: Post Office:

Period of Insurance*: From / / to / /

2. Nature of Cargo Carried:

3. What is your experience in the shipment of this kind of goods?

4. Type of Packing: Cartons Wooden Cases Bundles Bulk Shipment Bags

Others, please specify:

5. Type of Cover: Open Cover Single Transit

6. Mode of Transit: Air Sea

Marine Cargo Insurance

7. Maximum Sum Insured Per Conveyance (Bottom Limit):

8. Voyage/Transit: From:

To:

▼ Insurance cover required

Institute Cargo Clauses (A)

Institute Cargo Clauses (B)

Institute Cargo Clauses (c)

Others, please specify:

Has any Insurer declined or cancelled your business or imposed special terms? Yes No

If 'Yes', give details:

Marine Cargo Insurance

▼ Declaration

I/We hereby declare that the statements made by me/us in this proposal form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Wapic Insurance Plc. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

I/We authorize Wapic Insurance Plc. to share my/our contact information like name, company name, address, phone number and email etc. relating to me/us, with their affiliate companies. Wapic can also use such information for communicating any promotional marketing offers including, product offerings, services rendered and other such via: SMS Telephone E-mail

Date: DD / MM / YYYY Signature of Proposer

▼ For office use only

Branch/Team MIS Code Staff Agency Code Staff Code
RM MIS Code Group MIS Code Rate
Date: / /
Policy No:

For Office Use Only

This section is to be completed by the Account Officer in block letters. The Account Officer is to indicate if necessary KYC documents have been provided by checking the appropriate boxes below and attaching copies of documents obtained from the customer.

▼ Proposer's details

Proposer's Name:

RC Number Date of Incorporation / /

Board Resolution Memorandum and Articles of Association Certificate of Registration/Incorporation Directors' ID

Directors' Information

	Surname	First Name	Mobile Number	Email Address
Director - 1				
Director - 2				
Director - 3				
Director - 4				
Director - 5				
Director - 6				
Director - 7				
Director - 8				
Director - 9				
Director - 10				

▼ General AML/CFT requirement

Visitation conducted? Yes No Visitation report completed? Yes No

Customer Due Diligence (CDD) conducted? Yes No Enhanced Due Diligence (EDD) required? Yes No

Is the customer's core business activity one of the defined high risk businesses? Yes No

The customer's business located in a high risk location? Yes No Is the customer a Politically Exposed Person (PEP)? Yes No

▼ AML/CFT Risk classification

High Risk Medium Risk Low Risk

Explain the basis for the AML/CFT risk classification

▼ Visitation report

Visitation date / / Met with

Information gathered

Remarks

Account Officer's Name Rel. Mgr. Name

Account Officer's Signature Rel. Mgr. Signature

Date / / Date / /

▼ Technical unit's review

Remarks

Name

Unit Signature Date / /

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