

MARINE CARGO OPEN COVER DECLARATION FORM

NOTICE TO THE APPLICANT:

YOU ARE TO DISCLOSE IN THIS DECLARATION FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY

Completing the Declaration Form

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that the whenever used in this proposal form, the term Applicant shall mean the Principal Organisation and all its Subsidiaries.
- The headings in this proposal are solely for convenience.
- All information provided by the Applicant will be maintained in strictest Confidence by RAK Insurance

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.

1. GENERAL INFORMATION			
a)	Name of Policy Holder		
b)	Declaration Number		
c)	Open Policy Number		
d)	Order Number		
e)	Nature of commodity or type of goods (please provide as much information as possible including HS codes, CAS numbers where possible)		
f)	What type of packaging is the cargo?		
g)	Is the cargo containerised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h)	Voyage From		
i)	Voyage To		
j)	Insurance Value		
k)	Valuation (INCOTERMS)		
l)	Are partial shipments involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please state value of each shipment		
m)	Order Number		
n)	Invoice Number		
a)	Name of Bank		
b)	Letter of Credit Number		
c)	Beneficiary		
2. FALSE INFORMATION			
Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.			
3. DECLARATION AND SIGNATURE			
The undersigned authorised officer(s) of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.			
Signed and Stamped	Authorised Representative	Date	