Traders Insurance Company

1st Floor Alexander Building, Beach Road, San Jose Village
P.O. Box 502473, Saipan, MP 96950
Tel: (670) 234-7788/7789/7798/7799 Fax: (670) 234-8899

MARINE CARGO INSURANCE APPLICATION FORM

This proposal is to be completed by the proposer or an authorized representative of the proposer.

All questions should be answered fully and accurately.

Signing of this proposal does not bind company to offer nor the proposer to accept insurance. But it is agreed that this proposal shall be the basis of any insurance issued. No inference should be made however from the inclusion of any question in this proposal that the subject matter to which that question relates will be covered under the policy. The policy terms are only as stated in the policy which should be read carefully.

Attention is drawn to the proposer's obligations at law to disclose all material facts which would affect the issuance of the proposed insurance.

ASSURED	:	
MAILING ADDRESS	:	**PHONE / FAX NO. :**
NAME OF SHIPPER	:	
ADDRESS	:	
DESCRIPTION OF CARGO	:	
MARKS AND NUMBERS	:	
NATURE / TYPE OF PACKING	:	
CONTAINER / SEAL NOS.	:	
INVOICE VALUE	:	**MARK UP** :
INSURED VALUE	:	
VESSEL / CONVEYANCE	:	**VOYAGE NO.** :
PORT OF ORIGIN	:	
PORT OF DESTINATION	:	
SAILING DATE / ETD	:	**E.T.A.** :
TYPE OF COVER REQUIRED	:	
OTHER INFORMATION	:	
PREMIUM	:	
ATTACHMENTS	:	**COPIES OF BILL OF LADING, SUPPLIER'S INVOICE AND PACKING LIST**

DECLARATION

I/We hereby apply for insurance against risks as set out in the Company's "Marine Cargo Insurance" Policy and I/We hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld, and I/We undertake to exercise all ordinary and reasonable precautions for the safety of the Property, and I/we agree that this proposal and declarations shall be the basis of the contract between myself/ourselves and the Company, and I/we further agree to accept a Policy subject to the usual conditions prescribed by the Company, and endorsed on its Policy, and to pay the first premium there under when called upon to do so.

Signature of Insured   :   Date :