

MARINE PROPOSAL FORM



INTERNATIONAL COMMERCIAL AND ENGINEERING

ICE SEGUROS S.A.

COMPLETION INSTRUCTIONS

- Complete all fields in BLOCK LETTERS (using blue or black ink).
- In case of omissions or doubts when completing this proposal, please contact the Insurer for clarifications.

Notwithstanding the approval of the proposal, in terms of the law, risks will be covered only and exclusively after payment of the first premium or applicable part thereof.

IMPORTANT NOTE

The client remains liable for all omissions, errors or false details pertaining to obligatory or optional information required. In respect of these and other details in General, Special or Particular Conditions as well as details required by the insurance legislation in effect, the policy shall be deemed totally or partially null and void, depending on the section affected by such omissions, errors or false details.

DECLARATION OF PERSONAL DETAILS

1. (hereinafter referred to as the “Policy Holder”) authorizes that its details be made available, under absolute confidentiality, to International Commercial and Engineering ICE, Seguros SA and its affiliates (hereinafter referred to as “ICE Seguros”) provided that such information is only used in accordance with the contractual relationship.
2. The Policy Holder authorizes ICE Seguros to obtain any supplementary personal details from public entities, credit bureau and other financial institutions for purposes of confirming or supplementing the details obtained and required for managing the contractual relationship.
3. The Policy Holder authorizes ICE Seguros to record all telephone calls, emails, messages made and received by any of its employees, agents, directors and the like acting on behalf of the Policy Holder within the scope of the contractual obligation hereby established and to use such recorded information for all legal purposes, namely, for the execution of contracted services, for improving and monitoring such services and as evidence. The details obtained shall be processed and stored and will be used for purposes of the contractual relation with ICE Seguros and its subcontractors.

The Policy Holder acknowledges and consents to third parties having access to information concerning them that may be contained in the Policy Holder’s information and further that they may request that it be corrected, changed or removed by contacting directly, or in writing, ICE Seguros.

The Policy Holder hereby declares that all details provided are true, accurate, and correct and supplied in good faith and the Policy Holder assumes full responsibility for said details. The Policy Holder further undertakes to immediately inform ICE Seguros of any material changes arising after these particulars were supplied under penalty of being personally liable for losses and damages. The Policy Holder acknowledges and agrees that it is liable for all omissions, errors or false details pertaining to obligatory or optional information required and hereby indemnify ICE Seguros from any costs, claims, damages (including consequential damages), legal proceedings or expenses that may arise from any omission, misrepresentation or false information provided by it or its failure to update any of its information.

In the event that the Policy Holder has omitted any information or provided any false, misleading or incorrect information to ICE Seguros, any policy / policies of which it is a policy holder shall be deemed totally or partially null and void, depending on the section affected by such omissions, errors or false details.

The Policy Holder warrants to ICE Seguros that it has the power, authority and legal right to approve, complete, sign and where necessary perform this proposal form in terms of the Policy and that the aforementioned has been duly authorised by all necessary actions of its directors, members or board of trustees, as the case may be, and constitutes valid and binding obligations on it in accordance with the terms of the Policy and this proposal form.

The Policy Holder declares that it is aware of and agrees to be bound by all the terms and conditions contained in the policy / policies that may be issued by ICE Seguros as requested by it. The Policy Holder further acknowledges that this proposal form and such policy / policies form the basis of the contract between ICE Seguros and it.

In this respect, the Policy Holder hereby agrees to be bound by this proposal form and any policy / policies, and all the terms and conditions contained therein, issued by ICE Seguros as requested by it and further undertake to comply timeously with all its obligations to ICE Seguros including but not limited to payment of premiums.

Date:/...../.....

Place of signing:

Policy holder signature:

Duly Authorised



PROPOSING COMPANIES DETAILS

Company Name:

.....

Headquarters:

.....

Company Activities:

.....

Insured's Address:

.....

.....

Postal Address:

.....

.....

Risk Manager / Insurance Manager:

Name:

Job title:

Email:

Telephone:

Agent / Broker:

Contact Name/Position:

Telephone:

E-mail:

Mobile:

Note: When filling out this document either Mozambican Meticals or United States Dollars can be used to indicate a value.

LOSS EXPERIENCE

In respect of the insurance now being applied for please give details of any and all loss or damage (whether insured or not) sustained over the past 5 (five) years, as well as all prior major losses:

Type of cover	Date of loss	Details of loss / accident (E.g. Causes, precautionary measures implemented, etc.)	Gross value (Indicate MZN / USD)
/...../.....		
/...../.....		
/...../.....		
/...../.....		
/...../.....		

Has any insurer in respect of the risk to which this proposal relates ever:

1. Declined a proposal, refused renewal or cancelled any of the proposer's previous insurance policies?
Yes [] No []
2. Has any previous insurer required an increased premium and / or imposed special conditions?
Yes [] No []
3. Have you, or any member of your firm, ever made a compromise with creditors or been declared insolvent?
Yes [] No []
4. Do you keep a complete set of books showing a true and accurate record of business transacted?
Yes [] No []
5. Has the proposing insured ever been required to carry the first amount of any loss?
Yes [] No []

If yes to any of these please give details.....



PREVIOUS INSURERS

Please provide the names of insurers who have provided you with cover over the last five years.

Company	Policy number	Period of cover

Are there any payments outstanding on current or previous insurance policies? Yes [] No []

Other Comments

Use this space to make additional comments and, if necessary, attach any other information deemed relevant for this application.

.....

.....

.....

.....

.....

Details

Date of inception/....../..... to/....../.....

Name of Assured.....

.....

.....

.....

(Please include names of all associated/affiliated/subsidiary companies)

Principle Cargoes to be insured.....

.....

.....

(Please give full details, particularly in respect of fragile or perishable goods)

Details of parking.....

.....

Basis of valuation required

Cost, insurance & Freight (CIF) Plus.....%

Other

Conditions of insurance required (if known).....

.....

.....

.....

.....

.....

Maximum Sum insured: Any one vessel or conveyance

..... Any one location

Insured turnover during the past 12 months

Exports:.....

Imports:.....

Estimated insured turnover for coming 12 months

Exports:.....

Imports:.....

Estimated average sum insured per shipment

Exports:.....

Imports:.....

Principal countries to which goods are exported (please indicate percentage involved for each country):

.....

.....

.....

.....

.....

Principal countries from which goods are imported (Please indicate percentage involved for each country):

.....

.....

.....

Is there any cover required for storage, either prior to shipment or upon arrival at final destination:

If yes, please give details of storage locations and maximum period of storage required:

.....

.....

.....

Name of current broker (if applicable):

Name of current insurer (if applicable):

Premium and claims experience over past five years:

Year	Premium	Claims

PLEASE GIVE ANY OTHER RELEVANT INFORMATION WHICH WILL ENABLE UNDERWRITERS TO FULLY ASSESS THE RISK. (Please attach any printed information/leaflets/brochures/advertising material relating to the business):

.....

.....

.....

.....

.....

.....

.....

.....

FURTHER INFORMATION (FOR OFFICE USE ONLY)

A series of horizontal dotted lines spanning the width of the page, intended for providing further information.