



THE NEW INDIA ASSURANCE COMPANY LIMITED  
 PO BOX No. 2907, Ruwi, PC 112  
 Sultanate of Oman

**MARINE CARGO OPEN COVER PROPOSAL FORM**  
 (To be filled by Insured/Party)\*

Name of Insured	
Countries from/to where a) Importing b) Exporting	
Insured Goods (a) Imports (b) Exports	
Conveyance	By Road
Voyage (a) Imports  (b) Exports	From: To: From To:
Scope of Cover	(a) Land Transit (A) (b) Land Transit (B)
Whether Vehicles (a) Owned (b) Hired (c) Transport Contractors	
Expected Annual Turnover (a) Imports (b) Exports	
Previous Annual Turnover (a) Imports (b) Exports	
Basis of Valuation (a) C&F (b) FOB	
Period of Insurance	
Limit Per Transit	
Claims Experience past 3 years	
Name of previous Insurance Company	

(\*Strike out whichever not applicable)

Co. Stamp & Signature