



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 Sea/Air/Road
Voyage (a) Imports (b) Exports	From: To: From To:
Scope of Cover	(a) ICC(A)+W/SRCC (b) ICC(C)+W/SRCC (c) ICC(C)+Non Delivery (d) Land Transit(A) or Land Transit (B)
Expected Annual Turnover (a) Imports (b) Exports	
Basis of Valuation (a) C&F (b) FOB	
Period of Insurance	
Limit Per Bottom (a) Sea (b) Air (c) By Road	
Type of Pack-LCL, FCL, Reefer, Bulk	
Claims Experience past 3 years	
Name of previous Insurance Company	
Name of previous Insurance Company	

Co. Stamp & Signature