



HEAD OFFICE

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MARINE CARGO INSURANCE PROPOSAL FORM

NAME OF PROPOSER

ADDRESS.....

SUM INSURED.....

DESCRIPTION OF GOODS.....

DESCRIPTION OF PACKING.....

FULL / GROUPAGE CONTAINER.....

VOYAGE FROM..... TO:.....

TRANSHIPMENT VIA.....

NAME OF VESSEL.....

COVER REQUIRED.....

OTHER RELEVANT INFORMATION E.G. CLAIMS EXPERIENCE ETC.....

.....

FOR OFFICE USE ONLY

RATE.....

EXCESS.....

Proposer's Declaration	
<p>I, the undersigned, hereby declare that the particulars of this proposal are true and I agree that this proposal shall be the basis of the contract between me and <i>Atlantic Insurance Co. Public Ltd</i> and I am willing to accept a Policy subject to the terms, exceptions and conditions prescribed therein.</p>	
Date _____	Proposer's Name _____
Signature _____	