FEDERAL INSURANCE TIMOR S.A

MARINE CARGO PROPOSAL FORM

Agent: Policy Number: ☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

* Anything that increases the risk of an insurance claim.
* Any criminal record.
* If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
* Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

* Anything that reduces the risk of an insurance claim.
* Anything we say you do not need to tell us about.
* Anything that is common knowledge.
* Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Insurance Timor (FIT) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FIT to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of, FIT.

PERSONAL DETAILS

Full Name(s) of the Insured(s)_____

Address _____

Phone _____ Mobile _____ Email _____

Postal Address for Notices (if different from address above)_____

Finance Company (or other interested parties) _____

Date Financial Interest Ends _____

COVER

1. **General Cargo** Yes ☐ No ☐

   Type of Cover (tick cover required): Named Perils ☐ Single Peril ☐

2. **Livestock** Yes ☐ No ☐

   Type of Cover (tick cover required): Named Perils ☐ Single Peril ☐

3. **Fresh/Chilled/Frozen** Yes ☐ No ☐

   Type of Cover (tick cover required): Named Perils ☐ Single Peril ☐

PREVIOUS CLAIMS DETAILS

Please list all Marine Cargo claims and losses which have occurred during the last 5 years: _____

_____

_____

SINGLE TRANSIT COVER

From: Departure/Place or Port: _____ To: Destination/Place or Port: _____

Description of goods to be insured (please be accurate): _____

_____

_____

Describe method & type of packaging: _____

_____

_____

Name of vessel and voyage number: _____ Shipment date: _____

Sum Insured (unless otherwise defined this is assumed to be Invoice Cost, plus the cost of Insurance and Freight): _____

MARINE CARGO OPEN COVER

Period of Insurance From _____ To _____ at 4pm

Description of goods to be insured (please be accurate): _____

_____

_____

Describe method & type of packaging: _____

_____

_____

Principal type of transit (ship, aircraft, truck, etc.): _____

Principal place or port of (a) Departure: _____ (b) Arrival: _____

Basis of Valuation (unless otherwise defined below this is assumed to be Invoice Cost, plus the cost of Insurance and Freight plus 10%):

_____

Maximum Sum Insured per item or location: $_____

Estimated annual value of shipments: $_____

AGREEMENT

I agree that:

1. *Material facts*

(a) All information given to FIT (whether oral or written) is true and correct, and

(b) All material facts have been disclosed (see "Your Duty of Disclosure")

2. *Terms of Policy.* The terms of FIT policy are accepted
3. *Agency.* Anyone who assists me to complete this Application Form is acting as my agent only

Important Information

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, your application may be declined.
- This information is held by FIT and you may access it. It may be passed to other insurers you deal with and mortgagees, etc.

Applicants signature _____ Position/Title _____ Date _____

Full Name _____

Applicants signature _____ Position/Title _____ Date _____

Full Name _____