



SACOS INSURANCE COMPANY LTD

P.O Box 636, Republic of Seychelles

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E-Mail:sacl@seychelles.net

REQUEST TO INSURE (MARINE CARGO)

Date:

Name of Proposer:

Address:

.....

Telephone No:

Marks and numbers of cargo to be Insured:

.....

Number (quantity) :

Nature of packing:

Quantity and Description of goods:

.....

Name of carrying vessel:

Expected sailing date:

Voyage from:

Ultimate destination to which goods are to be insured:

.....

Port of transshipment (if any):

Cost and Freight Value:

Value for Insurance purpose: + %

CONDITIONS OF INSURANCE

- Institute Cargo Clauses (A)
- Institute Cargo Clauses (B)
- Institute Cargo Clauses (C)
- Institute War Clauses (Cargo)
- Institute Strikes Clauses (Cargo)

(Tick whichever is applicable)

Signature