

## APPLICATION FOR MARINE CARGO INSURANCE

OPEN COVER .....
COVER NOTE .....
POLICY .....
DATE .....

PLEASE ISSUE A COVER NOTE/POLICY (SINGLE DUPLICATE TRIPLICATE) AS PER FOLLOWING DETAILS :-		
1. NAME OF INSURED ..... TEL .....		
2. INVOICE VALUE F.O.B./C.&F./C.L.F. ....	AMOUNT TO .....	
3. INVOICE NO. / L/C NO. / POSTOL REGISTRATION NO. .... DATE .....		
4. CONSIGNED TO .....		
CLAIM PAYABLE AT .....		
5. NAME OF WESSEL ..... SALING ON / OR ABOUT .....		
VOYAGEFORM..... TO .....		
IF TRANSHIPMENT IS INWOLED, PLEASE STATE NAME OF TRANSHIPMENT PORT .....		
CARRIERS AGENT IN BANGKOK .....		
6. COVERAGES REQUIRED (...) TLO (...) FPA (...) WA (...) ALL RISKS (...) WAR,SRCC (...) T PND. (...) A (...) B (...) C (PUT A MARK IN FRONT OF THE CONDITION REQUIRED) (...) WAR, STRIKES (...) OTHER		
7. STATEF ANY SPECIAL WORDING TO BEREMARKED ON THE POLICY		
8. SHIPPING MARKS & NUMBERS	NUMBER OF PACKAGES AND NUTURE OF PACKING	DESCRIPTION OF GOODS
		..... SIGNATURE

FOR OFFICE USE ONLY

(...) ตัวแทน (...) นายหน้า ประกันภัยรายนี้ ..... ใบอนุญาตเลขที่ .....

9. WARRANTY .....

10. POLICY NO.....	MAR.@ .....	PREMIUM
BILL NO. ....	WAR@ .....	DUTY
BROKERS .....	SURCHARAG .....	TAX
EX. RATE .....	TRANSHIP .....	DUPLICIATE
S/I IN BATH .....		TRPLICATE
S.S. ....	LIMIT .....	
GROSS TONNAGE .....	NET TONNAGE .....	BRKGE
BUILT IN .....	FLAG .....	

AUTHORIZED BY ..... UNDERWRITER ..... TYPIST .....

EXAMINER ..... BLOCK .....