

**AUREOL INSURANCE
COMPANY LIMITED**
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PROPOSAL FORM FOR OPEN COVER MARINE CARGO INSURANCE

NAME OF INSURED: _____
 ADDRESS: _____ TYPE OF BUSINESS: _____
 TELEPHONE NOS: _____ FAX NO: _____ EMAIL: _____

DESCRIPTION OF INTEREST/GOODS TO BE INSURED: <u>DESCRIPTION</u>	<u>TYPE OF PACKING</u>
_____	_____
_____	_____
_____	_____

DETAILS OF CONVEYANCE: (BY SEA, LAND OR AIR) _____

IF BY ROAD CONVEYANCE, ARE OWNED TRUCKS USED OR COMMON CARRIER?

ESTIMATED ANNUAL TURNOVER: _____

PRINCIPAL VOYAGES AND DESTINATIONS:
 FROM: _____ TO: _____

ESTIMATED DATE OF DEPARTURE: _____ ESTIMATED DATE OF ARRIVAL: _____

LIMITS OF LIABILITY REQUIRED:
 a) Any one vessel/Any one location _____
 b) Any one aircraft and connecting conveyance _____
 c) Any one parcel _____
 d) Any one Container Truck/Truck & connecting conveyance _____
 e) Any one shipment by courier _____

BASIS OF VALUATION: (E.G. C&F OR CIF) _____

COVER REQUIRED: INSTITUTE CARGO CLAUSES (A) / (B) / (C)
 INSTITUTE CARGO CLAUSES (AIR)
 INSTITUTE WAR CLAUSES (CARGO)
 INSTITUTE STRIKE CLAUSES (CARGO)
 OTHERS (SPECIFY)

STANDARD CLAUSES:

This insurance is subject to the following clauses:

- (a) Institute Classification Clause 01/01/2001
- (b) Cargo ISM Endorsement
- (c) Institute Extended Radioactive Contamination Exclusion Clause 01/11/02
- (d) Institute Chemical, Biological, Bio-Chemical, Electromagnetic Weapons and Cyber Attack Exclusion Clause 1/11/02
- (e) Terrorism Exclusion Clause
- (f) Nuclear Energy Risks Exclusion Clause NMA 1975
- (g) Electronic Data Recognition Clause EDRC (B)
- (h) Asbestos Exclusion Clause
- (i) Claims Co-operation Clause

Subject to Sierra Leone Laws and Jurisdiction
 Errors and Omissions
 Important Notice Clause
 30-Days Premium Payment Warranty

All Claims payable in Sierra Leone Currency

CLAIMS EXPERIENCE SINCE LAST 5 YEARS

YEAR	PREMIUM PAID	CLAIMS INCURRED (LE)		
		PAID	OUTSTANDIN	TOTAL

WARRANTY

The Insured warrants that during the currency of this Policy they will declare to the Company all shipments to which this Policy attaches, on their receiving advices thereof, or as soon thereafter as may be practicable; failure to so declare shall at the Company's option render this policy void from the date of such failure.

Declaration: I/We declare that to the best of my/our knowledge and belief the information given on this proposal is true and that I/We know of nothing else which I/We think the Company should be told in considering this proposal. I/We agree that this proposal shall be the basis of the contract between me/us and the Aureol Insurance Company Limited.

Date: _____

Signature of Proposer _____

FOR OFFICIAL USE ONLY			
COVER:	INSTITUTE CARGO CLAUSES (A) (B) (C)		
*NOTE: PERSONAL EFFECTS CANNOT BE COVERED FOR BREAKAGE			
PREMIUM:	MARINE	RATE	LE
	WAR	RATE	LE
	STRIKE	RATE	LE
	TRANSHIP.	RATE	LE
	WAREHOU	RATE	LE
	TOTAL PREMIUM		LE
COMMISSION			LE
NETT PREMIUM			LE
STAMP DUTY			LE
TOTAL			LE
GROSS PREMIUM PAID			LE