



**CRESCENT STAR INSURANCE LIMITED**

Head Office

Head Office: 2<sup>nd</sup> Floor, Nadir House, I.I.Chundrigar Road, Karachi-Pakistan  
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Email: [info@cstarinsurance.com](mailto:info@cstarinsurance.com), Website: [www.cstarinsurance.com](http://www.cstarinsurance.com)

**INLAND TRANSIT PROPOSAL FORM**

1) Proposer's Name:

2) Address of the Proposer:

3) Telephone Number:

3) Business/Occupation:

4) Telephone Number

: \_\_\_\_\_

5) Insurable Interest:

6) Packaging of the Goods:

Non Containerized  
Containerized

7) Classification of the Goods:

Perishable                      Durable

8) Nature of the Goods:

Non-Hazardous (Above 65.6 °C or 150°F)  
Hazardous (Not below 22.8 °C or 73 °F)  
Extra Hazardous (Below 22.8 °C or 73 °F)

9) Please Tick Types of Transportation:

By Truck\_                      By Van                      By Trailer

10) Voyage : From \_\_\_\_\_ To \_\_\_\_\_

11) Per Carry Limit

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S.No.	GOODS	SI / EAT (PKR)

EAT = Estimated Annual Turnover

**We desire to effect Marine Inland Transit insurance in terms of the Policy used by the company for this class of insurance and hereby declare that all the above statements and particulars which we have read over and checked, are true and that we have not suppressed, misrepresented or mis-stated any material fact, and we agree that this declaration shall be the basis of the contract between us and the Company.**

Dated: \_\_\_\_\_

Proposer's Signature: \_\_\_\_\_