

CRESCENT STAR INSURANCE LIMITED

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MARINE IMPORT / TRANSIT INSURANCE PROPOSAL FORM:

- Name of Insured:
- Type of Business:
- Commodity – Description:
- Containerized / Un-Containerized:
- Type of Packing:
- Name of Transporter:
- Voyage – From where to where:
- Transit – From where to where:
- Value of Consignment:
- Per Carry Limit (Truck / Rail):
- Vessel – Age & Class:
- Name of Airline:
- Period of Insurance:
- Jurisdiction:
- Name of Current Insurer (if any):
- Client's Loss History (if any):

DECLARATION

I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the Company of any material alterations to these facts occurring during the currency of this Policy.

Signature of Proposer: _____ Dated: _____