

CARGO OPEN COVER INSURANCE QUESTIONNAIRE

CLIENT NAME	
GOODS TO BE INSURED	
TYPE OF PACKING (PLEASE STATE IF FCL / LCL / CONVENTIONAL)	
MODE OF TRANSPORT	SEA AIR ROAD
VOYAGE(S)	FROM: TO:
MAXIMUM VALUE ANY ONE SHIPMENT / LOCATION	
BASIS OF VALUATION	C+F+10% FOB+20% OTHER IF OTHER PLEASE STATE:
ESTIMATED ANNUAL TURNOVER	
CLAIMS EXPERIENCE (PAST 3 YEARS)	
SIGNATURE & DATE :	

DECLARATION

I/ we hereby declare that I am/we are familiar with the regulations of Takaful business written by Al Madina Insurance Co. S.A.O.G., and I/we agree to deal with the company accordingly. Also I/we authorize the company to manage and invest the contribution(s) in the manner deemed necessary under these regulations.

I/ We do understand and agree that the information disclosed in this proposal will form the basis of Takaful contract.

I/We also declare that the information and details mentioned in this proposal are correct to the best of my/our knowledge and if proven otherwise in any respect, the Takaful contract will become null and void without any notice. I/We agree to the terms, conditions including all exclusions of Takaful Contract which I/we have read carefully

Signature of Proposer:

Date:

Company Seal:

The Takaful contract will not be in force until the proposal has been accepted by the company. This Takaful Contract is governed by the insurance regulations of Sultanate of Oman as an insurance contract and operates under the Takaful regulations of this Company.