

**AXA MANSARD INSURANCE PLC** RC133276

Santa Clara Court  
Plot 1412, Ahmadu Bello Way, P.M.B. Box 80015, Adeola  
Odeku, Victoria Island, Lagos



"AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO COMPLETE THIS PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

**MARINE CARGO INSURANCE PROPOSAL FORM**

**SECTION I**

Full Name of Proposer: \_\_\_\_\_

Office / Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No(s): \_\_\_\_\_ RC No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Bank Name \_\_\_\_\_

BVN \_\_\_\_\_ Nationality \_\_\_\_\_ Place of Birth \_\_\_\_\_

Tax Identification Number \_\_\_\_\_ Resident Permit (For Non Residents): \_\_\_\_\_

Country of Dual Citizenship: \_\_\_\_\_ Foreign Mailing

Address \_\_\_\_\_

Means of Identification: \_\_\_\_\_ ID No: \_\_\_\_\_

Nature of Business (Give full details) \_\_\_\_\_  
\_\_\_\_\_

How long have you been in Business \_\_\_\_\_

**SECTION II (Please write or tick where applicable)**

Nature of Cargo carried: \_\_\_\_\_  
\_\_\_\_\_

What is your experience in the shipment of this kind of goods? \_\_\_\_\_

**Type of Packing:**  Cartons  Wooden Cases  Bundles  Bulk Shipment  
 Bags

Others, please specify: \_\_\_\_\_

**Type of Cover:**  Open Cover  Single Transit

**Mode of Transit:**  Air  Sea

**Maximum Sum Insured per Conveyance (Bottom Limit):** \_\_\_\_\_

AMIPLC/P&C/MCPF/09/2016/V1.2

**Please Note "No Cash Payment":**  
Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments MUST be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

Expected Premium: ₦ \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Bankers: \_\_\_\_\_

Voyage/Transit: From: \_\_\_\_\_

To: \_\_\_\_\_

**Insurance Coverage Required**

Institute Cargo Clauses (A)

Institute Cargo Clauses (B)

Institute Cargo Clauses (C)

Others, please specify: \_\_\_\_\_

\_\_\_\_\_

Has any Insurer declined or cancelled your business or imposed special terms?

Yes  No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION:** I / We agree that:

- a) The information supplied in this proposal is true and complete and that I /We have not concealed, misrepresented or misstated any material fact.
- b) This Proposal shall form the basis of my / our contract with **AXA Mansard Insurance plc**.
- c) Immediate notice shall be given to **AXA Mansard Insurance plc** of any alteration in the circumstances described herein.
- d) No insurance will be in force until this Proposal has been accepted by **AXA Mansard Insurance plc** and premium paid.

\_\_\_\_\_  
**Signature of Proposer**

\_\_\_\_\_  
**Date**

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**Official Use Only**

Client's Risk Category: \_\_\_\_\_

Name of Officer: \_\_\_\_\_

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SBU/Hub/Spoke: \_\_\_\_\_

Premium Rate: \_\_\_\_\_

Any Additional Information: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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