PREMIER INSURANCE CO. (Nepal) LTD.

Head Office: Narayan Chaur, Naxal, P.O. Box: 9183, Kathmandu, Nepal
Tel: 4413543, 4410648, Fax: 977-1-4413442
E-mail: premier@picl.com.np, Web: www.premier-insurance.com.np

MARINE INSURANCE QUESTIONNAIRE FORM

Date:
Name of office:
Agency:

ALL QUESTIONS ARE TO BE ANSWERED

1. Name of Proposer

   Address

2. Description of goods to be insured:

3. Details of Packing:

4. Details of Voyage or Transit:
   - a) From:
   - b) To:
   - c) Mode of transit (by Sea / Air / Rail / Road):
   - d) In case of Sea Voyage, name of the vessel:
   - e) Invoice No & Date:
   - f) L/C No.& Date:
   - g) B/L No./C/N No./AW/B No./R/R No.& Date:

5. Estimated Date of Departure:

6. Sum Insured
   - a) Invoice value:
   - b) Tolerance Limit (If any):
   - c) Incremental Costs (Expressed as a percentage of Invoice value):
   - d) Duty (Duty amount payable on arrival):

7. Type of Insurance Cover required (All Risk / Basic Risk / Minimum Risk):

8. Additional Cover required:

9. How long has proposer previously been handling this type of business:

PROPOSER'S SIGNATURE

PAN No.: | | | | | | | | | |