

# SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: [www.salamtakafulinsurance.com](http://www.salamtakafulinsurance.com)

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## MARINE CARGO PROPOSAL FORM

**Instructions:** Use (✓) where appropriate.

### PART A: PPROPOSER DETAILS

FULLNAME:

OFFICE/CONTACT ADDRESS:

TELEPHONE:  FAX:

EMAIL:  WEBSITE:

MEANS OF IDENTIFICATION:  ID NO:

NATURE OF BUSINESS:

HOW LONG HAVE YOU BEEN IN BUSINESS:

### PART B: TAKAFUL DETAILS

Expected Contribution: ₦  Source of Funds:

Bankers:

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:

### PART C: DETAILS OF CARGO

i- Nature of cargo carried:

ii- What is your experience in the shipment of this kind of goods?

iii- Type of Packaging: Cartons  Wooden Cases  Bundles  Bulk Shipment  Bags   
Others (please specify):

Authorized and Regulated by:



Member of:



iv- Type of Cover: Open Cover  Single Transit

v- Mode of Transit: Air  Sea

vi- Maximum Sum Insured Per Conveyance (Bottom Limit):

vii- Voyage/Transit: From:

To:

#### PART D: DECLARATION

I/We to the best interest of my/our knowledge hereby confirm that:

- 1- the statements contained in this proposal form are true and correct and,
- 2- I/We have not concealed, misrepresented or misstated any material fact.
- 3- I/We agree that the statements and declaration contained in this proposal form shall be the contract of Takaful insurance with SALAM TAKAFUL INSURANCE LTD and are deemed to be incorporated in the contract.
- 4- I/We have agreed to the above Takaful clause.

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

\_\_\_\_\_  
Date

**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**

#### Official Use Only

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

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized and Regulated by:



Member of:

