SIERRA LEONE INSURANCE COMPANY LIMITED (SLICO)

68 Sanders Street, P.O. Box 836, Freetown, Sierra Leone

 Telephone Nos: 088-160144/076-611010 Email: slicoaeb@gmail.com

**MARINE CARGO INSURANCE PROPOSAL FORM**

**Important:**

* If you wish to apply for marine cargo insurance with the Sierra Leone Insurance Company Limited (SLICO) , please complete the proposal Form. We will revert with our quotation for your consideration. The insurance will be effected once we receive your confirmation of acceptance.
* You have a duty to disclose in this Proposal Form, fully and faithfully, all the facts with which you know or ought to know, otherwise the policy issued hereunder may be void.
* No insurance in force until this application is accepted in accordance with our policy terms, conditions and exclusions.

**Notice for Personal Data Protection Policy**

By signing this form:

* I/We acknowledge and consent to SLICO, collecting, using, disclosing and/or processing our personal data for the purpose of processing/servicing/my/our policy/claims and be disclosed to third party service providers, or intermediaries, within or outside Sierra Leone.
* I/We declare and confirm that I/we have obtained the consent of the person9s) and/or nominees named herein, where applicable, and that he/she/ they has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
* I/We acknowledge the detailed Private Policy Statement, governing the above posted at…

Company Name

 (Propose):

 Business Address:

 Contact Person:

 Email Address:

 Mobile Phone:

 Fax No:

|  |  |
| --- | --- |
| Description of Cargo: | Crates Domestic |
| Type of Packing: | Crates Domestic Cartoons Export Cartons Wooden Cases Others (please specify): |

Per Maximum Limit:

Conveyance

Frequency of shipment

Per month

|  |  |  |
| --- | --- | --- |
| From | TO | Transshipment(If any) |
|  |  |  |

Voyage:

 Conditions: Please

tick the item(s) required

 Mode of Conveyance:

 (Please tick)

Air

 **Additional Information**:

* Basis of Valuation: Invoice Value +\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%
* Annual Turnover for past 3 years:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Existing Insurer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did you suffer any loss in the past 3 years? Yes No

If yes, please furnish summary of claim as shown below:

|  |  |  |
| --- | --- | --- |
| **Year** | **Brief Nature of Loss** | **Total Amount in Leones** |
|  |  |  |

**Declaration: Please read carefully before signing**

I/We confirm that the foregoing statements and answers are true and complete and that I/we have not withheld any material information likely to affect the acceptance of this proposal. I/We agree that this proposal and declaration shall form the basis of the contract between the Sierra Leone Insurance Company Limited and ourselves and I/we will accept a policy subject to the Company’s standard terms and conditions of the Policy.

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

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Stamp