



NLG INSURANCE COMPANY LIMITED

P.O. Box No. 20600, Kathmandu, Nepal

MARINE INSURANCE QUESTIONNAIRE FORM

Date:

Name of office:

Agency:

ALL QUESTIONS ARE TO BE ANSWERED

1. Name & address of Proposer :

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./AWB 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