



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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MARINE DECLARATION FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

Name of Insured (In full)

Postal Address

P.O. Box:

Code:

Town:

Telephone Contact

Email Address

Pin No

(Attach copy of certificate)

Agency

Open Cover No.

PROPERTY TO BE COVERED

Description

Packing

Quantity

Weight

(Attach copy of pro-forma invoice and or IDF)

IS CARGO REFRIGERATED?

Is cargo refrigerated?

YES

NO

If YES, state so under CSU (GENERAL INSTRUCTION FORM) special instructions form.

VALUE

Amount [Kshs.]:

Basis of Valuation:

**NB: (All additional costs must be indicated as a percentage of C&F value.
Profit should not be more than 10% C&F value)**

(i) Cost & Freight (C&F)

(ii) Custom duty at a %

(iii) Profit % of C&F Value

(iv) Incidentals 10% of C&F Value

Total Sum Insured:

VESSEL OR OTHER MEANS OF TRANSPORT

Name of Vessel

Bill of lading no

Date of Sailing/Despatch

Estimated date of arrival

Clearing & Forwarding Agent

Attach copy of bill of lading (front and back) if available.

C&F Agent contact Number

VOYAGE

Port of sailing

Final Destination

Via

State if there will be transshipments

YES

NO

If YES, at what port?

MARKS & NUMBERS OF PACKAGES

Marks & Numbers

NAME & ADDRESS OF CONSIGNEE

If different from Proposer/Insured

IS CARGO CONTAINERISED?

Is cargo containerized?

 YES NO

If YES, is it House to House?

Give container No(s):

STATE TERMS OF COVER REQUIRED**Risks to be insured against**

(i) Institute Cargo Clauses (A)

 YES NO

(ii) Institute Cargo Clauses (B)

 YES NO

(iii) Institute Cargo Clauses (C)

 YES NO

(iv) War & Strike Riot Civil Commotion

 YES NO**Declaration**

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.

Executed at this

day of

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For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP**SIGNATURE****DATE**