



Application Form for PHA Marine Cargo Insurance

PHA MARINE CARGO APPLICATION FORM

Important Note

All questions in this application form must be answered completely.

If the space provided is insufficient, please include attachments on your company letterhead.

Agent/Broker _____

Code

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | |
|---|--|
| 1. DETAILS ABOUT THE APPLICANT | |
| a) Name of the Applicant | |
| b) Address of the Applicant | |
| c) Phone number | |
| d) Mobile number | |
| e) Email id | |
| | |
| 2. PERIOD OF COVER | |
| Please state the period of cover required | Annual cover From 4pm __ / __ / __ To 4pm __ / __ / __ Open cover From 4pm __ / __ / __ |
| | |
| 3. COVER REQUIRED | |
| a) Please advise if you require all risks cover as provided by Institute clauses and goods in transit clauses | Yes/ No |
| If 'No', please provide details of the level of cover required | |
| b) Do you have any specific cover requirements? | |
| If 'Yes', please provide details | |
| c) Please advise whether Excess is required, in addition to any compulsory excess we may apply | |
| 4. SUBJECT MATTER TO BE INSURED | |
| a) Please provide full details of the subject matter to be insured (please complete an | |

| | |
|---|---|
| additional questionnaire for transits of livestock) | |
| b) Will any of the subject matter described be shipped in bulk? | Yes/ No |
| If 'Yes', please provide details | |
| c) For subject matter not shipped in bulk indicate if they will be packed in | <input type="checkbox"/> cartons <input type="checkbox"/> crates <input type="checkbox"/> bags <input type="checkbox"/> drums <input type="checkbox"/> bundles <input type="checkbox"/> other, please provide details |
| d) Please indicate whether the subject matter is | <input type="checkbox"/> new <input type="checkbox"/> second hand <input type="checkbox"/> fresh <input type="checkbox"/> chilled <input type="checkbox"/> frozen |
| e) Please advise if subject matter will be in fully enclosed shipping containers | Yes/ No |
| If 'No', please provide details of shipping | |
| f) Please indicate whether the subject matter is | <input type="checkbox"/> over-height/over-width unable to fit into fully enclosed containers <input type="checkbox"/> of a type which require special lifting apparatus for loading and unloading <input type="checkbox"/> required to be kept within a specific temperature range <input type="checkbox"/> of a type which require replenishment of refrigerant <input type="checkbox"/> fragile <input type="checkbox"/> susceptible to rust, oxidisation or discolouration <input type="checkbox"/> subject to on-deck bills of lading |
| g) Please provide details of special instructions given to packers, carriers, shipping and forwarding agents for the safe carriage of any goods mentioned above | |
| | |
| 5. VOYAGE | |
| a) Please provide details of countries you will import subject matter from and the percentage of your total imports for each country | |
| b) Please provide details of all countries you will export subject matter to and the percentage of your total exports for each country | |
| c) Do you require goods in transit cover within PNG? | |

| | | | | |
|---|----------------------|----------------------|-----------------------------|-------------|
| d) Do you require cover for voyages not beginning or ending in PNG? | | | | |
| If 'Yes', please provide details | | | | |
| 6. VALUATION | | | | |
| Please advise how your goods are valued | | | | |
| a) Imports CIF + 10% | | Yes/ No | | |
| b) Exports CIF + 10% | | Yes/ No | | |
| c) Inland transit invoice value | | Yes/ No | | |
| d) If 'No' to any of the above, please provide details | | | | |
| e) Please state the Maximum value of goods below | | | | |
| <i>Maximum value of goods</i> | <i>Imports (PGK)</i> | <i>Exports (PGK)</i> | <i>Inland transit (PGK)</i> | |
| <i>Any one conveyance</i> | | | | |
| <i>Any one location</i> | | | | |
| 7. CLAIMS EXPERIENCE | | | | |
| a) Are there any claims or actions pending or outstanding against you? | | Yes/ No | | |
| If 'Yes', please provide details | | | | |
| b) Please provide claims details covering year-to-date and the last three years | | | | |
| | <i>YTD</i> | <i>Year</i> | <i>Year</i> | <i>Year</i> |
| <i>Value of claims paid</i> | | | | |
| <i>Value of claims outstanding</i> | | | | |
| <i>Number of claims</i> | | | | |
| c) Please provide details of all claims over the past three years | | | | |
| d) Please provide details of any risk management you have undertaken to reduce claims | | | | |

| | |
|--|--|
| 8. PRIOR INSURANCE | |
| a) Please advise the name(s) of your current or prior insurer and due date for renewal | |
| b) Has any insurer ever declined insurance or imposed special conditions? | |
| If 'Yes', please provide details | |
| c) Has any insurer ever cancelled or refused to renew your insurance? | |
| If 'Yes', please provide details | |
| | |

DECLARATION

I/We declare that the statements in this Application Form are true.

I/We authorise PHA to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application

Date:

Applicant's Signature:

Title:

Name: