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MEMBER OF THE ZUELLIG GROUP

ATTENTION: MARINE UNIT
INSURED

| | | |
|--------------|-----------------|--|
| Name: | Address: | Date Established or Incorporated: |
|--------------|-----------------|--|

Description of Insured's activity including information about the goods and their intended final use:

| | Year | | Sales |
|---|------|-----|-------|
| Sales Turnover (four years ago) | | Php | |
| Sales Turnover (three years ago) | | Php | |
| Sales Turnover (two years ago) | | Php | |
| Sales Turnover (previous year) | | Php | |
| Estimated Sales turnover for this year | | Php | |
| Estimated Sales Turnover next 12 months | | Php | |

Average and maximum values at each location

| Location Name & Address | Year | Average Value | Maximum Value |
|-------------------------|------|---------------|---------------|
| a. | | Php | Php |
| b. | | Php | Php |
| c. | | Php | Php |
| Basis of Valuation: | | | |

Estimated Total Value of Overseas Imports for next 12 months (incoming shipments) Php

| | |
|---------------------|--|
| Basis of Valuation: | |
|---------------------|--|

For overseas imports (incoming shipments) please detail country of origin, conveyance and approximate Value imported. Please also indicate the terms of purchase:

| Voyage | Approx. Value | Conveyance | Terms of Purchase | Type of Packing |
|--|---------------|------------|--|-----------------|
| | Php | | CIF <input type="checkbox"/> CNF <input type="checkbox"/> FOB <input type="checkbox"/> | |
| | Php | | CIF <input type="checkbox"/> CNF <input type="checkbox"/> FOB <input type="checkbox"/> | |
| | Php | | CIF <input type="checkbox"/> CNF <input type="checkbox"/> FOB <input type="checkbox"/> | |
| Estimated Value Overseas (shipments) Exports for next 12 months | | | Php | |

For overseas (shipments) exports please detail country of destination, conveyance and approximate value exported. Please also indicate terms of sale:

| Basis of Valuation: | | | | |
|---------------------|---------------|------------|--|-----------------|
| Voyage | Approx. Value | Conveyance | Terms of Purchase | Type of Packing |
| | Php | | CIF <input type="checkbox"/> CNF <input type="checkbox"/> FOB <input type="checkbox"/> | |
| | Php | | CIF <input type="checkbox"/> CNF <input type="checkbox"/> FOB <input type="checkbox"/> | |
| | Php | | CIF <input type="checkbox"/> CNF <input type="checkbox"/> FOB <input type="checkbox"/> | |

Required Transit Limits (Average and Maximum values in transit)

| Conveyance | Estimated Average Value | Maximum Value |
|--|-------------------------|---------------|
| | Php | Php |
| | Php | Php |
| | Php | Php |
| Frequency of Shipment per month | | |

Are own vehicles used for inland (shipments) transits? Yes No

Are third party carriers (common carriers) used? Yes No If "YES" identify the most commonly used:

a. (If own and third party vehicles used – please estimate split):

b. Confirm No "Waiver of Claim" given to common carriers: Yes No

Please describe the packing normally adopted during Inland or Truck transit:
.....

15. Please describe security, anti-incendiary and anti-theft precautions of each location and full construction details:
.....

Where there is no responsibility to insure, is contingent coverage required Yes No If "YES" please describe:

Who are your present insurers?
.....

When is your current policy due for renewal?
.....

What are your current deductibles?
.....

Last 5 years loss history:

| Date of Loss | Cause of Loss | Amount Paid | Amount Outstanding |
|--------------|---------------|-------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Should there not be enough room on the proposal form to fully enter the details required, please continue on a separate A4 sheet of paper and attach to the last page of this document.

It is the duty of the Assureds and their Agents to disclose all material facts to Underwriters before the contract or insurance is concluded and any failure to do so entitles Underwriters to avoid the contract. Completion of this questionnaire does not relieve the Assured and their Agents of this duty and its essential that all material facts which are not included with the answers to the questions posed herein are disclosed to Underwriters in addition.

I declared that the attached particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

.....
Complete By

.....
Insured's Signature

.....
Date

.....
Submitted By

.....
E-Mail