

Application for Marine Cover Note/Policy

Insured/Consignee:			TIN:	
Address:				
Shipper/Supplier:				
Negotiating Bank:			L/C No.:	
Vessel:			B/L No.:	
From		То		
Sailing On		20	C/N No.:	
On: (Number of packages and des	cription of goods)			
To be insured for			Plus %	, o
				-
Conditions	Rates		T.	
□ ICC (A)	<u></u>	_%		
□ ICC (B)		_		
□ ICC (C)				
☐ ICC (AIR)		_		
□ ATC				
☐TRC		_		
Robbery & Hijacking		_		
☐ War & Strikes		_		
Total				
Premium	₽			
Stamps				
VAT				
Others		_		
Total		_	By:	
			Date:	