

APPLICATION FOR MARINE OPEN POLICY

1. Open Policy to be in the name of (REQUIRED): _____	
Address: _____	
Contact Person/s: _____	
Contact Number/s: _____	
2. If any Bank has interest in the policy, please state name: _____	
3. Date from which cover is required: _____	
4. Nature of merchandise to be covered together with type of packing used (i.e. detailed description of the cargo, quantity, if brand new, if second hand, containerized, non-containerized, etc.) (REQUIRED). _____ _____ _____	
5. Method of Transit (Seafreight/Vessel , Airfreight/Aircraft, and/or Inland/Truck) (REQUIRED) _____	
6. Port/s or Place/s of Origin (REQUIRED): _____ _____ _____	Port/s or Place/s of Destination (REQUIRED): _____ _____ _____
7. Type of Cover Required: _____	
8. Is War and Strikes Cover Required: _____	
9. What limits of liability are required? (REQUIRED)	
a) Sea Transit _____	
b) Air Transit _____	
c) Land Transit _____	
10. What will be the basis of valuation for Insurance purposes (e.g.) C&F Invoice Cost plus Mark-Up of _____%	
11. Remarks: _____	
12. Loss Experience (REQUIRED): _____	
13. Annual Turn-Over (REQUIRED): _____	

Accomplished by:

Date Accomplished:

Signature over Printed Name

PIONEER INSURANCE & SURETY CORPORATION

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