

Yemeni Shareholding Company
Paid Capital YR 1,000,000,000
Incorporated in 1981



المتحدة للتأمين
UNITED INSURANCE

شركة مساهمة يمنية
رأس المال المدفوع 1,000,000,000 ريال
تأسست سنة 1981م

ص.ب: 1883 - تلفون: 555 555 -1- 967+ فاكس : 214012-1-967+ شارع الزبيري - مركز السعيد التجاري صنعاء (ج-ي).
P.O.BOX: 1883, Zubairy St. Al Saeed Commercial Building Sana'a, Yemen (R.Y) Tel : +967- 555 555 Fax: +967 -1 -214012

BRANCHES

TAIZ : P.O.BOX: 6295 , TEL : +967 - 4 - 215012 FAX:+967- 4 - 215145
ADEN : P.O.BOX: 80169 , TEL : +967 - 2 - 222555 FAX:+967- 2 - 240972
HODEIDAH : P.O.BOX: 3876 , TEL : +967 - 3 - 206485 FAX:+967- 3 - 206486
MUKALLA : P.O.BOX: 50644 , TEL : +967 - 5 - 305051 FAX:+967 - 5 - 304845
IBB : P.O.BOX: 70456 , TEL : +967 - 4 - 458000 FAX:+967 - 4 - 457751

الفروع

تعز
عدن
الحديدة
المكلا
إب



E-mail : uicyemen@uicyemen.com
Web : www.uicyemen.com



MARINE CARGO INSURANCE PROPOSAL FORM

UIC - QF - MU - 01 - (E) R3

- KINDLY INSURE THE FOLLOWING SHIPMENT, AND FURNISH US THE POLICY WITH THE PREMIUM DEBIT NOTE FOR SETTLEMENT

Name of Proposer/ Assured (Account of) :

Address : Tel. : _____ Fax: _____ P.O. Box: _____
: Mobile : _____ → _____ →
: E-mail : _____

Beneficiary : _____

Name of the Bank for L/C opening : _____ L/C No.: _____

Type & Quantity of Goods : _____

Brief Description : _____

Copies of Documents to be attached, If any : _____

Value of Goods/ Invoice value : _____ + % Ins. Margin

Rate of Exchange : *The prevailing Yemen market's rate at the time of policy issuance.*

Terms of Sale/ Delivery : CFR FOB CIF Others, Please Specify: _____

Mode of Packing & Shipping : _____

Voyage : From : _____ Via : _____

: To : _____

Vessel Name, if any or T.B.A. : _____

TYPE OF COVER & CONDITION REQUIRED (COVERAGE):-

Please mark (√) on the required option

- | | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 1- Institute Cargo Clauses (A) <input type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/> | 6- Institute Bulk Oil Clauses <input type="checkbox"/> |
| 2- Institute Cargo Clauses (AIR) Excluding Sending By Post <input type="checkbox"/> | 7- Institute Commodity Trade Clauses <input type="checkbox"/> |
| 3- Institute Frozen Meat Clauses (A) <input type="checkbox"/> | 8- Institute War & Strikes Clauses (Cargo). <input type="checkbox"/> |
| 4- Institute Frozen Food Clauses (A) <input type="checkbox"/> | 9- Total Loss of the Subject-Matter Insured, following, total Loss of the carrying Vessel/ Aircraft. <input type="checkbox"/> |
| 5- Institute Timber Trade Federation Clauses <input type="checkbox"/> | 10- Land Transit Clause (Limited Cover) <input type="checkbox"/> |
| - Others, Please Specify: _____ | |

I DECLARE THAT THE ABOVE INFORMATION ARE TRUE AND I ACCEPT THE ABOVE CONDITIONS

NAME & SIGNATURE OF PROPOSER/ ASSURED

DATE OF PROPOSAL
