

Applicant Details

Name of applicant(s)

Mailing address (including Postcode)

Business phone

Cell phone

Email address

Insurance start date (MM/DD/YYYY)

General questions

1. Do you have any policies with Argus?
If so, state the details below.

Yes No

2. Nature of the goods.

3. Are the goods professionally packed?

Yes No

4. Value of the goods, including shipping and freight costs.

5. Method of transit: Vessel Air Freight Road Parcel Post

6. Place of Origin.

7. Period of Transit. From:

To:

Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Proposal. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST.

I DECLARE that to the best of my knowledge and belief, the information provided in this Proposal, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the property.

I AGREE and ACKNOWLEDGE that this Proposal forms the basis of the contract between myself and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.

I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Proposer

Signature of Underwriter

Date (MM/DD/YYYY)