



# MARINE DECLARATION

**Insured:** .....

**Policy Number:** ..... **Due Date:** .....

- The following are details of all claims not already notified to our Insurer:  
.....
- The following change to the interest insured, the area or method of transit, security arrangements or any other factor that materially alters the risk needs to be noted:  
.....
- For renewal please make the following amendments to the expiring policy:  
.....
- We detail hereunder our actual figures for the expiring period and our renewal estimates for the renewal period, CALCULATED IN ACCORDANCE WITH THE POLICY'S BASIS OF VALUATION:

|                                                                                                                             | Actuals |   |   | Estimates |    |   |
|-----------------------------------------------------------------------------------------------------------------------------|---------|---|---|-----------|----|---|
|                                                                                                                             | From    | / | / | From      | /  | / |
|                                                                                                                             | To      | / | / | To        | /  | / |
| A. Imports - C&F or FOB Value<br>(delete which inapplicable)<br>Plus .....% add on if applicable<br>Plus Duty if applicable | \$      |   |   | \$        |    |   |
|                                                                                                                             | \$      |   |   | \$        |    |   |
|                                                                                                                             | \$      |   |   | \$        |    |   |
| Total                                                                                                                       | \$      |   |   | Total     | \$ |   |
| B. Exports - CIF Value<br>Plus .....% add on if applicable                                                                  | \$      |   |   | \$        |    |   |
|                                                                                                                             | \$      |   |   | \$        |    |   |
| Total                                                                                                                       | \$      |   |   | Total     | \$ |   |
| C. Turnover (only if rated this way)                                                                                        | \$      |   |   | \$        |    |   |
| D. Inland Sendings:                                                                                                         |         |   |   |           |    |   |
| 1. Purchases                                                                                                                | \$      |   |   | \$        |    |   |
| 2. Sales including FOB/C&F Exports                                                                                          | \$      |   |   | \$        |    |   |
| 3. Stock Transfers                                                                                                          | \$      |   |   | \$        |    |   |
| 4. Returns                                                                                                                  | \$      |   |   | \$        |    |   |
| Total                                                                                                                       | \$      |   |   | Total     | \$ |   |
| E. Gross Freight Earnings<br>from - Own Vehicles                                                                            | \$      |   |   | \$        |    |   |
| Sub-contractors vehicles                                                                                                    | \$      |   |   | \$        |    |   |
| F. Number of own vehicles in use:                                                                                           | -----   |   |   | -----     |    |   |

We hereby declare that the actual figures supplied are true and correct, being capable of verification if required by our Insurer or auditors appointed by them, and that the estimates reflect a reasonable expectation for the coming policy period.

**Signature:** ..... **Name:** .....

**Position:** ..... **Date:** .....