



Marine Insurance Specialists



MARINE CARGO QUOTATION SUBMISSION (Singletons)

Full Name of Proposer & Address _____

Postcode: _____ Tel: _____

Nature of Business: _____

Type of Goods Shipped: _____

Full description of packing: _____

Are the goods containerised **YES/NO**

If YES, full container or part container loads _____

Method of transportation _____

If by Sea name of vessel _____

Voyage _____

Basis of Valuation _____

Sum Insured _____

Previous record _____

Additional Information _____

Please return to: Velos Insurance Services Ltd 25 Christopher Street London EC2A 2BS
Tel: 020 7375 3273 Fax: 020 7650 7799 insurance@velosgroup.co.uk www.velosinsurance.co.uk

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