

**LAND TRANSIT INSURANCE PROPOSAL FORM**

Date ..... Open Policy # LTO-  
Name of Bank ..... Declaration No. ....  
L/c. or Doc. No. ....  
Assured: **M/s**.....  
Cargo Insured.....  
Weight.....  
Packing.....  
Mode of Transit (By Land).....  
Conveyance: Truck No. & Make Name of driver  
Nationality & IQ # of Driver  
Way Bill No. (if available).....  
Origin of goods.....  
Transit from ..... Via.....  
To.....  
Date of departure.....  
Conditions of Insurance:  
Basis of Insured Value (Whether Invoice value plus freight etc.)  
.....  
**Insured value:**  
C&F/FOB/EX-FY: Value : .....  
+ % Value : .....  
@ Exchange : SAR.....  
Signed..... Assured