

TSEHAY INSURANCE S.C

PROPOSAL FORM FOR Inland Carriers Liability Cover

Name of Insured:

Address of Insured:

Telephones _____ Fax _____

Brief Description of Cargo to be transited:

Limit of Liability

Estimated Annual Carrying

Period of Insurance

Identification of Conveyance:

I/We declare that the above facts given are true and correct.

Name of Proposer _____ Signature &
Stamp _____

Djibouti