

Copies of cargo invoice, state registration certificate and TPN of the insured should be attached to this application

<b>INSURED</b>	Legal status	
	<input type="checkbox"/> Legal entity <input type="checkbox"/> International organization <input type="checkbox"/> Republic of Armenia <input type="checkbox"/> Community of RA <input type="checkbox"/> Foreign country	
	Type of activity	
	<input type="checkbox"/> Industry <input type="checkbox"/> Agriculture <input type="checkbox"/> Construction <input type="checkbox"/> Transport and communication <input type="checkbox"/> Trade <input type="checkbox"/> Public catering and other services <input type="checkbox"/> Financial sector <input type="checkbox"/> Other field of economics	
	<b>LEGAL ENTITY</b>	
	Name	TPN
State registration certificate number	Residency status <input type="checkbox"/> Resident <input type="checkbox"/> Non resident	
Bank details (bank name, account number)		
Legal address	Office address	
Telephone	E-mail	
<b>INTERNATIONAL ORGANIZATION</b>	Name	
	Legal address	Office address
	Telephone	E-mail
<b>REPUBLIC OF ARMENIA</b>	Name of representative of RA	
	Telephone	Office address E-mail
<b>COMMUNITY</b>	Name of community representative	
	Telephone	Office address E-mail
<b>FOREIGN COUNTRY</b>	Country	
	Legal address	Name of country representative Office address
<b>BENEFICIARY</b>	Name	
	Legal status	
	<input type="checkbox"/> Legal entity <input type="checkbox"/> International organization <input type="checkbox"/> Republic of Armenia <input type="checkbox"/> Community of RA <input type="checkbox"/> Foreign country	
	State registration certificate number	Residency status <input type="checkbox"/> Resident <input type="checkbox"/> Non resident
	Bank details (bank name, account number)	
	Address	Telephone E-mail

\* Please leave blank, if the data repeated

<b>INSURANCE</b>	Cargo description	Cargo quantity
	Total cost of cargo	Invoice No
	Cost of transportation	Insurance amount
	Start of transportation	End of transportation
	Name of carrier	
	Terms of transportation agreement (e.g. CIF, FOB, other)	
	Insurance risks <input type="checkbox"/> I.C.C. "A" <input type="checkbox"/> I.C.C "B" <input type="checkbox"/> I.C.C. "C"	
	Transportation way (indicate details)	
	Transportation means <input type="checkbox"/> Motor transport <input type="checkbox"/> Railway <input type="checkbox"/> Air transport <input type="checkbox"/> Water transport	
	Cargo packing	
	Means of security	
	Does any independent company make an inspection of cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Maximum cost of cargo placed on one carrier	
	Do you have cargo insurance agreement in force signed with "INGO ARMENIA" insurance company? If the answer is "Yes" indicate details	
	Has any insurance accident occurred for the last 5 years? If the answer is §Yes!, describe the case(s) in details	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<b>DECLARATION</b>	<p>Hereby I confirm that all information provided above is true, correct and complete.</p> <p>I accept and agree that insurance is not valid if:</p> <ol style="list-style-type: none"> <li>1. the insurance agreement is not duly signed by authorised representative of "INGO ARMENIA" insurance company,</li> <li>2. information provided in this application is false and/or incomplete,</li> <li>3. I have hidden or withheld any information from Insurer known by me, which may lead to expansion of degree of the risk insured or to occurrence of insurance accident during the validity period of insurance policy.</li> </ol>	
Date	Signature, seal	Name/ Surname, fill in BLOCK letters