



Marine Cargo

Proposer Name: _____

Address: _____

Business/Trade: _____

Business Operating: _____

Current Insurers: _____

Renewal Date: _____

Renewal Premium: _____

Cover Required

Marine Cargo :- _____

Description of Goods: _____

Countries: _____

Limits: _____ **e** any one
vessel/conveyance/location

Estimated Turnover: **e**

Claims History



Padraic Smith & Co
Insurance Brokers



Newcourt House
Strandville Avenue
Clontarf
Dublin 3

T: +353 (0)1 833 0888
F: +353 (0)1 833 1370
E: info@psmith.ie
W: www.psmith.ie

Directors:
Ronan Smith *BSc. ALIA (Dip)*
Eileen Smith

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Regulated by the Financial Regulator
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Member of **IBA**.