

STATEMENT OF PREMIUM DUE DR. TO Sompō Japan Insurance Inc.

DEBIT NOTE

NOTES	DATE
-------	------

Assured (s), etc.

No.

EDABAN

REN

O/P, O/C, Prov. No.

Invoice No.

Amount insured

Conditions :

Claim, if any, payable at/in

Local Vessel or Conveyance | From (interior port or place of loading)

Ship or Vessel | From | Sailing on or about

To/Transhipped at | Thence to (by connecting conveyance, if any)

Subject-matter insured

**SPECIMEN**

Subject to relevant Policy / Certificate / Open Policy / Open Contract/Provisional Policy

Marks & Numbers as per Invoice No. specified above.

Valued at the same as Amount insured.

Place & Date signed in

Number of Policies/Certificates issued

OFFICE		AG-CD	
CB	INTEREST	TOHKEI 1	TOHKEI 2

		CFR AMOUNT		UP %	DUTY %	
TOTAL RATE						
EX. RATE AT.						
C A R R I E R	RATE %		PREMIUM	BONUS %	NET PREMIUM	AP *
	M		Y	Y		
	W		Y	Y		
	T		Y	Y		
D U T Y	M		Y	Y		
	W		Y	Y		
	T		Y	Y		
e t c	M		Y	Y		
	W		Y	Y		
A P	M		Y	Y		
	W		Y	Y		
APPLICANT/ AGENT or BROKER						

REF.						
KUBUN	M/T	BORD. NO.	GASSAN	D.	D.	SW.
CONV	TSUMITI	SAILING DATE	C.	D.	D.	SW.
EI	AGETI	CNT	FP	RE	D.	SW.

In the case of Co-Insurance, SOMPO JAPAN INSURANCE INC. shall act on behalf of the Co-Insurers mentioned in this document, who shall each be independently liable only for their respective subscriptions hereto as specified.

\*AP  
 1:Age A.P. 2:Unclass A.P. 3:Small Vessel A.P.  
 4:Rejection A.P. 5:Inland A.P. 6:Extension A.P.  
 7:その他 A.P. A:1+2 B:1+3 C:1+2+3

Sompō Japan Insurance Inc.

*Toshiyuki Yoshida*  
 AUTHORIZED SIGNATORY