



MARINE ADVANCE LOSS OF PROFITS QUESTIONNAIRE

Insured details

Company name:	<input type="text"/>		
Trading as:	<input type="text"/>		
Type of business:	<input type="text"/>	Registration:	<input type="text"/>
VAT number:	<input type="text"/>		
Full business description: (including company operations and activities)	<input type="text"/>		

Have you previously traded under a different name? Yes: No:

If yes, specify name:

Contact details

Telephone:	<input type="text"/>	Cellphone:	<input type="text"/>
Email:	<input type="text"/>	Website:	<input type="text"/>

Physical address

Street name and number:	<input type="text"/>	City / town:	<input type="text"/>
Province:	<input type="text"/>	Area code:	<input type="text"/>

Postal address

P.O. Box number:	<input type="text"/>	City / town:	<input type="text"/>
Province:	<input type="text"/>	Area code:	<input type="text"/>

Additional information

Brokerage: Broker name:

Insurer information

Previous / current: Policy number:

Has an insurer at any time, in respect of the company, it's Directors / Partners / Principle:

Declined your insurances?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Imposed special terms?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Refused to renew your policy?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Cancelled your policy?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Voided your policy?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>			

If yes, why and who?

Quote to be placed on cover, details to be completed by Client

Quote number:	<input type="text"/>	Inception date:	<input type="text"/>
Quote number:	<input type="text"/>	Inception date:	<input type="text"/>

Details of loss / damage in the past 3 years

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Sum insured

Gross profit / revenue:	<input type="text"/>	Standing charges:	<input type="text"/>
Additional increase in cost of working:	<input type="text"/>	Penalties / fines / damage for breach of contract:	<input type="text"/>
Claims preparation costs:	<input type="text"/>	Indemnity period:	<input type="text"/>
Commencing on:	<input type="text"/>	Time exclusion / deductible:	<input type="text"/>

Has the sum insured been arranged by reference to any known figures or if estimated are the figures available?

Is this a contract? Yes: No: Are these regular sendings? Yes: No:

Estimated delivery date(s) if contract? When is the anticipated Period of Testing?

When is the anticipated 'Start Up Date'?

Is there any allowance in the construction programme for delays? Yes: No:

If yes, give details:

Will any property sent not be included in the Proposer's own Marine Insurance Cover linked to this contract/cover? Yes: No:

Nature and method of the Property to be transported? (Indicate whether there are any delicate components susceptible to damage in transit etc.):

Containers/Break Bulk:

On or Under Deck:

New Second Hand:

What is the Value of the cargo?

In total: Maximum to be shipped by one vessel:

Where will the transit commence?

In the event of minor damage would it be possible for local repairs to be carried out and by whom?

In the event of replacements being required, what is the maximum replacement period?

Please give the following information regarding the shipping programme:

Port of Shipment: Expected dates of shipment:

Port of entry into South Africa: Name of Suppliers & Country of Origin:

How many shipments are envisaged:

Is any of the machinery to be imported of customised and / or prototype nature if so in what respect:

What is the spares position?

Are there any vital pieces of equipment without which production could not be commenced? Yes: No:

Can replacements be sent by Air-Freight? Any import restrictions or a waiting list?

Will the entire machinery be imported from the Manufacturers or will certain parts be manufactured locally? Please give details with separate values.

Name of installing contractors:

Will a CAR / Erection and testing Insurance be in force Yes: No:

If yes, give details:

Confirm that no critical items will be shipped together: Yes: No: