



## MARINE CARGO 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:		

**Limits**

Imports:

Maximum any one vessel / load limit:  Maximum any one location limit:

Exports:

Maximum any one vessel / load limit:  Maximum any one location limit:

GIT:

Maximum any one vessel / load limit:  Maximum any one location limit:

Storage (Advise if in a warehouse):

Estimated annual turnovers:

Import turnover:  Export turnover:

GIT turnover:  Total annual turnover:

**Subject matter details**

Basis of valuation (e.g. Delivered cost at final destination + 10% / CIF + 10% / selling price):

Imports:  Exports:

GIT:

Condition of the subject matter: New:  Used:

Description of the subject matter:

Details of packing:

Mode of shipment

Full container load (FLC):  Lesser container load (LCL):

Break-bulk / bulk (BBK):  Airfreight:

Full enclosed truck:  Own vehicles or professional carriers:

Means of Conveyance (If vessel's age exceeds certain limits, as specified by the Institute Classification Clause, an additional premium will be levied):

Are goods immediately unpacked on arrival, if no, for how long?

Imports	Transit	Exports
From / to:	From / to:	From / to:
Incoterms used:	N / A	Incoterms used: