



MARINE STOCK THROUGHPUT 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):

Stock limits at location 1:

Fire: Theft:

Accidental damage: Malicious damage:

Stock limits at location 2:

Storage:	<input type="text"/>	Fire:	<input type="text"/>
Theft:	<input type="text"/>	Accidental damage:	<input type="text"/>
Malicious damage:	<input type="text"/>		
Stock limits at location 3:			
Storage:	<input type="text"/>	Fire:	<input type="text"/>
Theft:	<input type="text"/>	Accidental damage:	<input type="text"/>
Malicious damage:	<input type="text"/>		
Stock limits at location 4:			
Fire:	<input type="text"/>	Theft:	<input type="text"/>
Accidental damage:	<input type="text"/>	Malicious damage:	<input type="text"/>
Estimated annual turnovers:			
Import turnover:	<input type="text"/>	Export turnover:	<input type="text"/>
GIT turnover:	<input type="text"/>	Total annual turnover:	<input type="text"/>

Subject matter details

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

Imports:	<input type="text"/>	Exports:	<input type="text"/>
GIT:	<input type="text"/>		
Condition of the subject matter:	New: <input type="checkbox"/>	Used: <input type="checkbox"/>	

Description of the subject matter:

Details of packing:

Mode of shipment

Full container load (FLC):	<input type="text"/>	Lesser container load (LCL):	<input type="text"/>
Break-bulk / bulk (BBK):	<input type="text"/>	Airfreight:	<input type="text"/>
Full enclosed truck:	<input type="text"/>	Own vehicles or professional carriers:	<input type="text"/>

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: