

MARINE STOCK-THROUGHPUT QUESTIONNAIRE

Broker / agency name:

Broker **contact person**:

Insured / company details

Name / company **trading name**:

Company **registration number**:

Insured's **VAT number**:

Description of business:

Physical address:

Postal address:

Telephone number: **Fax** number:

E-mail address:

Cell number: **Emergency** contact number:

Period of insurance

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Limits

Maximum any **one vessel**:

Maximum any **one location**:

Inland transit any **one load**:

SECTION (B) – Storage including premises of Insured

	Premises A	Premises B	Premises C
Location
Construction
Fire limit

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	Premises A	Premises B	Premises C
Burglary first loss limit
Protection from theft
Malicious damage following burglary
Accidental damage limit
Alarms Yes/No:
Armed response? Yes/No:
Debris removal limit
Claims costs limit
Demonstration / exhibition limit
Are there sprinklers on the premises? Yes/No:

Full description of cargo / goods imported / exported

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Packing details

Individual packing e.g. cartons / wooden crates / palletized, as well as whether it is containerized or break bulk / bulk, etc.)

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Geographical limits imports / exports from / to / via

Imports from: Via:

Exports to: Via:

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Method of transportation (imports)

	% of annual value IMPORT	% of annual value EXPORT	% of annual value INLAND TRANSIT
FCL door to door
LCL
Airfreight
Breakbulk

Method of transportation (transit)

	YES	NO	
Road / own vehicles
Road / outside contractors
Rail
Air
Parcel post

Values as per Basis of Valuation

	Annual value	% of annual value CIF / DDP / DDU	% of annual value FOB / CFR
Annual value of goods imported :
Annual value of goods exported :
Annual value of local purchases :
Annual value of sales turnover :
Annual value of goods conveyed from Insured's premises :
Annual value of inter-branch transfers :

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Where previously insured

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Previous conditions and terms

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Basis of valuation (indemnity calculation)

Imports: Delivered cost at final destination plus:%

Exports: Cost insurance and freight plus 10%:

Inter company transfers: Cost price as per stock list plus freight:

Storage: Cost price as per stock list:

Secondhand / other than new: Secondhand market value and shipping costs / freight plus insurance:

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Perishable / fresh produce: Market value on date of intended sale less costs not incurred:

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Other: Please explain:

Conditions required

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Three years' claims experience (gross claims before deduction of any current excess)

Static / Storage risk:

Year	Premium (gross / nett)	Claims paid	Claims outstanding
TOTALS			

Marine / Transit:

Year	Premium (gross / nett)	Claims paid	Claims outstanding
TOTALS			

Any **critical area** of loss:

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Quotation is subject to **satisfactory fire** and **burglary** survey reports

Please state hereunder name of contact person and telephone number:

Name:

Telephone number:

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Declaration

Has any Insurer ever: *(if yes to any of the questions below, please attached full details)*

- **Declined** to insure you:
- **Cancelled** your insurance:
- **Refused to renew** your insurance:
- Imposed **special terms:**

I / We declare that the information and answers given in this form are true to the best of our knowledge and belief and that I/we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind the Insurer or mean we will accept this insurance but, if terms are agreed, it will form part of the contract. If this proposal has been completed by any person other than the insured I / we confirm that we have the Insured's permission to do so.

Full name: **Position / designation:**

POPI declaration

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Signature of above authorised representative and **company rubber stamp**

Date: