

MARINE CARGO QUESTIONNAIRE



Intermediary / Broker / Agency name:

Intermediary / Broker / broker agency contact person:

Phone number:

Email address:

Insured

Trading name of Insured:

Insured phone number:

Insured email address:

Company registration number:

Insured VAT number:

Physical address of Insured:

Description of insured's business:

Limits

INSURED VALUE PER CONVEYANCE	IMPORT:	EXPORT:
Maximum any one Vessel		
Maximum any one Aircraft		
Maximum any one road conveyance (own vehicle)		
Maximum any one road conveyance (professional carrier)		
Maximum any rail conveyance		
Maximum any one location (NB - not storage)		
LIMITS FOR LOCAL (WITHIN SA GIT)		
Maximum any one road conveyance (own vehicle)		
Maximum any one road conveyance (professional carrier)		
Maximum any rail conveyance		
LIMITS FOR CARGO/ GOODS IN STORAGE		
Fire and allied perils		
Accidental damage		
Malicious damage		

Limits continued

Theft

LIMITS FOR EXTENSIONS / OTHER - Indicate if cover required	Yes / No	Limit
Maximum limit per event regarding debris removal	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maximum limit per ISO general purpose shipping container 20ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maximum limit per ISO general purpose shipping container 40ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maximum limit per ISO reefer / refrigerated shipping container 20ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maximum limit per ISO reefer / refrigerated shipping container 40ft	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other (give full details)

Subject Matter / Cargo

Full description of cargo / goods imported / exported / transported:

What % of the total is secondhand / used / other than new	
State the average age of the secondhand goods	
Could any of the secondhand goods be obsolete / manufacturer closed down	
If yes please provide full details	
Are spares and / or accessories easily available in SA	
Are spares and / or accessories only available in the country of origin / overseas country	
Are there qualified technicians / service centre's in SA or in the country of intended exports	

Packing and stowage information

State the individual packing / protection methods most commonly used include stowage / shipment mode and state percentage of each of these methods.

PACKING (i.e. Carton boxes/ wooden crates/ palletised / Steel Drum/ Bottles in plastic customised crates, etc.)	WHAT % of the total estimated shipments per annum are packed / stowed in this manner	STOWAGE / SHIPMENT METHOD (i.e. Fully enclosed FCL or LCL; or Open Top Containers On Deck or Under Deck or Break Bulk Under Deck, Break Bulk On Deck, Bulk in holds, Air Consul, Fully enclosed, etc)

Conveyance details

Percentage of each conveyance method used (over total shipments per annum)

Airfreight	Imports	%	Exports	%
Sea freight	Imports	%	Exports	%
Road freight (Own vehicles)	Imports	%	Exports	%
Road freight (Professional Carriers)	Imports	%	Exports	%
Rail	Imports	%	Exports	%
Road freight (own vehicles) local SA inland transit				%
Road freight (professional carrier) for local SA inland transit				%
Abnormal loads / out of gauge by road		%	Normal road loads	%
Rail for local SA inland				%
Other (please explain)				%

Estimated annual carry / turnover (sum insured values)

Please indicate annual sum insured values and currency

Airfreight	Imports		Exports	
Sea freight	Imports		Exports	
Road freight (Own vehicles)	Imports		Exports	
Road freight (Professional Carriers)	Imports		Exports	
Rail	Imports		Exports	
Road freight (own vehicles) local SA inland transit				
Road freight (professional carrier) for local SA inland transit				
Rail for local SA inland transit				
Other (please explain)				

Geographical limits - from / to / via

NB - Please list main countries from where / to where, which make up +/- 75% of the cargo movements

Imports from		Via (port / Airport)	
Exports to		Via (port / Airport)	
Cross voyages from:		To:	
Local goods in transit from:		To:	

Storage facilities details (if applicable)

Provide FULL PHYSICAL address details of EACH AND EVERY PREMISES used for STORAGE OF CARGO and / or premises used for ALLOCATION and DISTRIBUTION purposes (add an additional sheet if applicable)

Full physical address	Fire and allied peril limit	Accidental limit	Theft limit	Malicious damage limit

Provide FULL DETAILS of THEFT Prevention Risk Management at EACH AND EVERY PREMISES used for STORAGE OF CARGO and/or premises used for ALLOCATION and DISTRIBUTION purpose

Provide FULL DETAILS of FIRE PREVENTION RISK MANAGEMENT at EACH AND EVERY PREMISES used for STORAGE OF CARGO and/or premises used for ALLOCATION and DISTRIBUTION purposes. Also ensure that the latest valid SPRINKLER EQUIPMENT CERTIFICATE accompanies the completed questionnaire)

Provide FULL DETAILS of any building / facility listed which are not STRUCTURALLY FULLY ENCLOSED and/or any which has a THATCH ROOF and/or which is not constructed with BRICKS AND/OR CONCRETE

What is the average period any one consignment / goods are kept in store?

INCO TERMS - percentage of goods imported / exported per INCO term and estimated annual insured value

	Percentage	Currency and value
Ex works (EXW) imports	%	
FCA/CPT/FAS/FOB/CFR imports	%	
CIP/DAT/DAP/DDP/FIS imports	%	
CIF up to destination port imports	%	
Other (please explain)	%	
Other (please explain)	%	
Ex works exports	%	
FCA/CPT/FAS/FOB/CFR exports	%	
CIP/DAT/DAP/DDP/FIS exports	%	
CIF up to destination port exports	%	
Other (please explain)	%	
Other (please explain)	%	
Local goods in transit - Insured's risk	%	
Local goods in transit - Other party's risk	%	
Other (please explain)	%	

Basis of valuation (Sum insured / indemnity calculation) Mark only what is applicable

Imports	Delivered cost at final destination plus markup	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Imports	Landed cost at port plus markup	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Imports	Arrival cost at warehouse plus markup	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%
Exports	Cost insurance and freight plus markup			%
Local transits	Outbound - selling price plus transport costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Local transit	Inbound - purchase price plus transport costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Inter company transfers	Cost price as per stock list plus freight			
Storage	Cost price as per stock list			
Secondhand / other than new (indicate applicable)	SECONDHAND MARKET VALUE plus shipping / freight costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	NEW REPLACEMENT VALUE plus shipping / freight costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Perishable / fresh produce	Average market value on date of intended sale less costs not incurred or if sold selling price less costs not incurred			
Livestock / live animals	Average auction value on date of intended auction less costs not incurred or if sold selling price less costs not incurred			
Other (please explain)				

Previous and current Insurer / Underwriter (past 5 years and reason for cancellation)

Current / previous policy conditions and terms

Policy conditions and terms required now

Claims / loss experience

5 years gross claims and / or loss experience. Provide FULL DETAILS of each and every loss suffered (add an additional sheet if applicable)

Date of loss	Gross premium	Gross losses / Claim amount	Indicate whether paid, outstanding / rejected or uninsured	Cause of loss

Provide any insights into trends / reason for the losses and if any new risk management steps were taken to prevent it from happening again

Risk management measures (i.e. satellite tracking / FSI clamps / pre-clearance etc)

Are pre-shipment CONDITION reports (issued by independent competent marine surveyors, or qualified technical experts (not seller / buyer) available in respect of secondhand goods PRIOR to the commencement of the risks

Are there usually supervised loading and unloading and if so, by whom

Material facts

Please state all other material facts that could influence the risk acceptance

Declaration

Has any Insurer ever: (if yes to any of the questions below, please provide / attach full details)

Declined to insure you	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Canceled your insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Refused to renew your insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Imposed special terms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

I/We declare that the information and answers given in this form are true to the best of our knowledge and that I/ we have not mis-stated 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.

Full name			
Position / designation			
Signature of above authorised representative and company rubber stamp			
Date			