

MARINE INSURANCE OPEN COVER QUESTIONNAIRE

1. NAME OF COMPANY:
2. ADDRESS:
3. LIST OF ITEMS TO BE IMPORTED:
4. SHIPMENT: SEA FREIGHT: AIR FREIGHT:
5. (a) NATURE OF PACKING:
(b) CONTAINERS:
(c) IF YES, FULL LOAD: or) LESS THAN FULL LOAD:
6. COUNTRIES OF ORIGIN:
7. FINAL WAREHOUSE(S) AT FINAL PLACE (S) OF DESTINATION:
8. TYPE OF COVER REQUIRED:
9. BASIS OF VALUATION:
10. LIMIT PER ANY-ONE VESSEL:
11. TRANSHIPMENT AT:
12. ARE CLASSED VESSELS USED?
13. AVERAGE AGE OF VESSEL(S):
14. LIMIT PER CONVEYANCE:
15. LIMIT PER LOCATION:
16. NAME OF CARGO SURVEYORS
(1) PORT OF LOADING:
(2) PORT OF DISCHARGE:
17. ESTIMATED ANNUAL TURNOVER:
18. LOSS HISTORY FOR THE LAST 5 YEARS:

Signature:

Date:

FOR OFFICE USE ONLY

1. NAME OF AGENT: CODE NO.:
2. AUTHORISING OFFICER:
3. REMARKS: