



Specialist Marine Insurance Brokers and Risk Consultants

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**MARINE CARGO QUESTIONNAIRE**

1. **Name and Address of the Proposer :** \_\_\_\_\_  
\_\_\_\_\_

**Contact Name** \_\_\_\_\_  
**Contact Phone No.** \_\_\_\_\_  
**Contact Fax No.** \_\_\_\_\_  
**Email** \_\_\_\_\_

2. **Please provide a summary of the Cargo to be insured:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Please provide the estimated turnovers for the coming year:**  
**Imports/Exports:** NZ\$ \_\_\_\_\_ **Within NZ:** NZ\$ \_\_\_\_\_

4. **Please provide the countries Imported/Exported to and their percentage of the turnover:**

**Imports:** \_\_\_\_\_ %    \_\_\_\_\_ %  
\_\_\_\_\_ %    \_\_\_\_\_ %  
\_\_\_\_\_ %    \_\_\_\_\_ %  
\_\_\_\_\_ %    \_\_\_\_\_ %

**Exports:** \_\_\_\_\_ %    \_\_\_\_\_ %  
\_\_\_\_\_ %    \_\_\_\_\_ %  
\_\_\_\_\_ %    \_\_\_\_\_ %  
\_\_\_\_\_ %    \_\_\_\_\_ %

5. **Please provide maximum value per bottom, conveyance or location in the ordinary course of transit (i.e. specify what will be the maximum amount for any one shipment):**

**Imports/Exports:** NZ\$ \_\_\_\_\_ **Within NZ:** NZ\$ \_\_\_\_\_

7. **Please provide the usual method of transport and their percentage of the turnover:**

**Imports/ Exports:** Sea \_\_\_%    Air \_\_\_%  
**Within NZ:** Road \_\_\_%    Rail \_\_\_%    Air \_\_\_%

8. Please provide details of the usual type of packaging and stowage arrangements:

Imports/Exports: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Within NZ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What are the usual Imports/Exports Terms of Sale (Incoterm)? \_\_\_\_\_

10. Is there any storage cover required and if so provide details:

Location	Maximum Value	Maximum Days in Store
_____	NZ\$ _____	_____

11. Has the Proposer ever made a Marine Cargo insurance claim and if so provide details:

Date of Loss	Details	Claim Value
_____	_____	NZ\$ _____
_____	_____	NZ\$ _____
_____	_____	NZ\$ _____
_____	_____	NZ\$ _____
_____	_____	NZ\$ _____

\*\* If claims made please provide the actual turnovers for the each year back to the last claim made.

12. Has the Proposer ever had insurance declined, cancelled or refused by another insurer and if so provide details:

Insurer	Policy No.	Details
_____	_____	_____

I understand that the above information, which is correct to the best of my knowledge, is to be the basis of insurance if a policy is issued, but does not obligate me to accept the insurance nor oblige the insurer to effect insurance on the risk.

Signature of applicant:.....

Name of applicant:.....

Title:.....

Date:.....

Please return your completed questionnaire to:

**Marine Insurance Brokers Ltd**  
**PO Box 35-222, Browns Bay, Auckland**  
**Or Fax: (09) 479 9982**