



QUESTIONNAIRE FOR MARINE CARGO OPEN COVER

Please provide the following vital information:

Name of the Insured & Full Address	
Estimated Total value of Annual Imports	
Maximum Value of any one Conveyance	
Full Details of the Cargo	
Voyage (Main Countries of the shipments and the associated ports)	
Mode of conveyance (Sea/Air/Air Parcel/Land conveyance)	
Basis of valuation (C&F +10% or FOB + 20% or Ex-works + 20%) or as advised by you	
Claims Experience for 4 years (if any)	

Declaration:

We hereby declare that the statements made by us in this questionnaire to the best of our knowledge and belief are complete and true.

Name of authorized signatory _____ Title/Position _____

Signature _____ Date _____