



CARGO/STOCK THROUGHPUT QUESTIONNAIRE

1. **Full Name of Insured** (which is to be incorporated into the final policy wording):
2. **Full description of Insured's operations and their website:** (including details of all the Insured's products / goods to be Insured):

www.

3. **Please provide sales figures for the last three financial years and an estimate for the forthcoming period:**

Estimate:

4. **TRANSIT EXPOSURES**
A) **Annual value of Incoming Goods**

From:		Of which Insured has a contingent interest (for example where the seller or buyer provides primary insurance):
Far East	<input type="text" value="USD"/>	<input type="text" value=""/>
Europe	<input type="text" value="USD"/>	<input type="text" value=""/>
Middle East	<input type="text" value="USD"/>	<input type="text" value=""/>
South America	<input type="text" value="USD"/>	<input type="text" value=""/>
North America	<input type="text" value="USD"/>	<input type="text" value=""/>

Basis of valuation upon which values have been provided (for example selling price or replacement cost):



5. **TRANSIT EXPOSURES (continued)**
 B) **Annual value of Outgoing Goods**

To:		Of which Insured has a contingent interest (i.e. where the buyer provides primary insurance):
Far East	USD	%
Europe	USD	%
Middle East	USD	%
South America	USD	%
North America	USD	%

Basis of valuation upon which values have been provided (for example selling price or replacement cost):

Please advise if there are any other transit exposures which have not been described above (i.e. inter company movements / sales / movements of equipment for refurbishment / replacement / new capital equipment):

6. Value any one:		Maximum (USD)	Average (USD)
TRUCK			
AIRCRAFT			
VESSEL			
OTHER(please advise)			

7. **Please provide a schedule of all locations where coverage is required by completing the below SOV.xlsx spreadsheet** It would be helpful if any engineering reports or surveys are also made available.



8. **Please provide target deductibles for both transits and stock/inventory:**

Transit:	USD
Stock:	USD
Quake/Wind/Flood:	USD



9. **Please advise details of all losses incurred in respect of all proposed coverages for the last 5 years (i.e Inland Transit / Overseas Transit / Stock and Inventory). Specific reference should be made to show if loss figures are "ground up" or net of any deductible.**

10. **Frozen/Chilled Products:** Please provide full details and what are the temperature range(s) necessary to maintain goods in a usable condition if applicable. What are the back up facilities?

To the best of my knowledge and belief the information supplied in the questionnaire is correct

Signed: _____

Company: _____

Position: _____

Date: _____ / _____ / _____