



ISLAND INSURANCE BROKERS LIMITED

INSURANCE HOUSE, PSAILA STREET, B'KARA BKR 02, MALTA.
TEL: (+356) 21 447 300, (+356) 23 855 555 FAX: (+356) 23 855 238
E-MAIL: j.boffa@islandins.com WEBSITE: www.islandins.com

CARGO OPEN COVER INSURANCE QUESTIONNAIRE

(You are kindly requested to complete ALL fields in this form otherwise we shall be unable to process your enquiry and comply with your request).

Proposer Details

Name

Address

Telephone

Fax

E-mail

Business/Trade

No. of years in this
business/trade

Estimated Annual Turnover

Number of monthly shipments

Maximum Value per shipment

Interests / Goods Shipped

(excl. ex-works Exports and CIF Imports
or similar)

Voyages

(Countries from/to where goods are
shipped – include any transshipment
details)

Methods of Shipment
/ Conveyances

By Sea

By Road

By Air

By Parcel Post

Others (please specify)

As Full Container / Trailer Load (FCL)

As Groupage Container / Trailer Load (GCL)

As General Cargo

As Bulk Cargo in ship's hold

Packaging Details

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Loss History
(Last 5 years)
whether insured or not

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Current Insurers

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All material facts must be disclosed to your brokers whether or not the subject of a specific question above. A material fact is one which an Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non disclosure or misrepresentation of a material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered as material, you should disclose them.

I declare that the above particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a Policy is issued. I further declare and agree that if the statement and particulars above have been completed in the handwriting of any person other than the undersigned, such person is deemed to be the agent of the proposer for the purpose of completing this proposal.

The signing of this form does not bind the Proposer to complete the insurance.

Signature

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Full Name & Position

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Date

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DATA PROTECTION

Island Insurance Brokers Limited only processes personal data in accordance with the Data Protection Act. By completing this form and sending it to Island Insurance Brokers Ltd, you consent to Island Insurance Brokers Limited processing your personal data in accordance with our Privacy Policy. Please view our Privacy Policy at www.islandins.com before submitting this form.