



Marine Insurance Specialists

MARINE CARGO INSURANCE ENQUIRY FORM

Full Name of Proposer & Address _____

Postcode: _____ Tel: _____

Trade or Business: _____

1. How long have you been established in the above business?: _____

2. Fully describe:

(a) Goods to be insured _____

(b) The manner in which the goods are packed _____

(c) By whom are the goods packed _____

3. What methods of transit are used? _____

4. Would you like a quotation for internal Domestic sendings? **YES/NO**

If YES will a haulier be used? **YES/NO**

NOTE: If cover is required for transit in your own or hired vehicles a separate form will be required.

5. State the maximum value to be despatched or received by you (as applicable) in respect of any one:

(a.) Package _____

(b.) Steamer _____

(c.) Aircraft _____

(d.) Consignment _____

(e.) Location _____

Please return to: Velos Insurance Services Ltd 25 Christopher Street London EC2A 2BS

Tel: 020 7375 3273 Fax: 020 7650 7799 insurance@velosgroup.co.uk www.velosinsurance.co.uk

Registered Office as above Registered in England No 3484670 Authorised and Regulated by the Financial Services Authority and a member of BIBA



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6. Do you require Cover for the risks of War, Strikes and Civil Commotions in accordance with the Standard London Market Conditions and rates of premium? **YES/NO**

7. List the countries to / from which you wish to effect insurance. If World to World please specify main voyages

8. State estimated annual value of goods to be insured: _____

9. Do you propose insuring all goods exported and/or imported? **YES/NO** If not, what exceptions will be made?

10. Do you at present have your Cargo insured? **YES/NO** If YES, name the Insurer and the expiry date

Insurer _____

Expiry Date _____

11. Give details below of any Losses or Damage incurred over the past **THREE YEARS**

NOTE: The past claims history may be an important factor in fixing your rate or premium and the fullest possible information you can give will assist us. If you do not have room for full information on the space above please use a separate sheet. It may be necessary for us to ask you for further details of your claims history in any case.

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