



CARGO INSURANCE QUESTIONNAIRE

IMPORTANT:

If you wish to apply for cargo insurance via PrestMarine, please complete this proposal form. We shall revert with our quotation for your consideration. The insurance will be effected once we receive your confirmation of acceptance.

Before you enter into a contract of insurance with an insurer you have a duty to disclose to the insurer every matter that you know, or should know, or could reasonably be expected to know, which is relevant to the insurers decision to accept the risk, and if so on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of insurance. Non-disclosure and / or misrepresentation of the risk may entitle the insurer to void the policy.

No insurance is in force until this application is accepted in accordance with the agreed policy terms, conditions and exclusions.

The information gathered in this document is to assist PrestMarine determining your cargo insurance requirements and may be shared with insurers to obtain quotations.

GENERAL INFORMATION

Name and Surname _____
Company Name _____
Email Address _____
Contact Number _____

SUBJECT MATTER TO BE INSURED

Commodities Shipped _____

For subject matter not shipped in bulk indicate how they will be packed:

Cartons	Crates	Bags
Drums	Bundles	Flexi Tanks

Other (please provide details) _____



Is the Cargo New Used Refurbished

 Fresh Chilled Frozen

Over-height / over-width unable to fit into fully enclosed container / Abnormal Loads

Of a type that require special lifting equipment for loading and unloading

Of a type that require replenishment of the refrigerant

Subject to on-deck bills of lading

Converted Containers

CARGO VALUATION

Please advise how your shipments are valued:

Exports: CIF/CIP/DAP plus 10% YES NO

If NO, please provide details _____

Imports: Total delivered cost to final destination plus 15% YES NO

If NO, please provide details _____

Cross Voyages: CIF/CIP/DAP plus 10% YES NO

If NO, please provide details _____

Transits within SA: Selling price incl. ancillary costs incurred YES NO

If NO, please provide details _____

VOYAGES

Please provide details of countries from which you will import and the percentage of your total imports for each country

Please advise the terms in which cargo is imported:

EX Works	FCA	FOB	CIF
CFR	CPT	CIP	DAP

Any other term: _____



Please provide details of countries to which you will export and the percentage of total exports for each country

Please advise the terms in which cargo is exported:

EX Works	FCA	FOB	CIF
CFR	CPT	CIP	DAP

Any other term: _____

Do you require cover for shipments where it is not shipped to or from South Africa YES NO

If YES, please provide details _____

Do you require goods in transit cover within South Africa YES NO

DELIBERATE STORAGE

Do you require deliberate storage YES NO

If YES, please provide details of the locations and the maximum limit required any one location

Address	Limit Required
_____	_____
_____	_____
_____	_____
_____	_____

LIMITS REQUIRED

Maximum value of shipment any one conveyance

Imports	Exports	Cross Voyages	Inland Transit
ZAR	ZAR	ZAR	ZAR



CONVEYANCE

SEA	FCL	AIR	Break Bulk	RAIL	Fully Enclosed
	LCL		Temperature Controlled		Reefer
	Reefer				Bulk
	RO/RO	ROAD	Fully Enclosed		
	Open Top		Reefer		
	Flat Rack		Break Bulk		
	Break Bulk		Bulk		
	Bulk				

TURNOVER

Estimated Annual Value of Insured Shipments	Imports	ZAR _____
	Exports	ZAR _____
	Inland Transit	ZAR _____
	Cross Voyages	ZAR _____

REQUIREMENTS

Do you require SASRIA cover YES NO

Please list any special requirements in respect of:

Cover: _____

Deductibles: _____

CLAIMS EXPERIENCE

Please provide claims details covering year to date and the last three years

Description	Year(____)	Year(____)	Year(____)
Value of Claims Paid	ZAR	ZAR	ZAR
Value of Claims Outstanding	ZAR	ZAR	ZAR
Number of Claims			



RISK MANAGEMENT DETAILS

Please provide details of any risk management you have undertaken to reduce the likelihood of claims

OTHER

Any additional information to be disclosed

DISTRIBUTION CHANNEL

How did you hear about PrestGroup?

OTHER PRODUCTS

Are you interested in any of the following products supplied by PrestGroup?

Commercial Insurance

Credit Insurance

Liabilities

Personal Lines

Travel Insurance



DECLARATION

I confirm that the answers and statement are true and complete and that I have not withheld any material information likely to affect the acceptance of this proposal. I understand that this proposal and declaration shall form the basis of a contract between the insurer and the insured. I understand that this is a request for a quotation only and that further information may be required by PrestMarine to properly assess the risk.

Protection of Personal Information (POPI) Act disclosure:

By completing and signing this document you agree that we may collect, process, store, and share your information for the intended purpose of providing an insurance service. We confirm that PrestGroup is committed to treat all personal information in an ethical manner in accordance with relevant legislation in order to protect your privacy. As such we have implemented a Protection of Personal Information Policy which is available on our website/on request which provides more details regarding your rights and our obligations in the handling of your information.

Signature

Date