INICHIDED.	

MARINE INSURANCE OPEN COVER QUESTIONNAIRE

1)	NAM	E OF COMPANY:		
2)	ADDI	RESS:		
3)	LIST	OF ITEMS TO BE IMPORTED:		
4)	SHIP	MENT: SEA FREIGHT	AIR FREIGHT	
5)	(a)	NATURE OF PACKING:		
	(b)	CONTAINERS:		
	(c)	IF YES, FULL LOAD:	OR) LESS THAN FULL LOAD:	
6)	COU	NTRIES OF ORIGIN:		
7)	FINA	L WAREHOUSE(S) AT FINAL PL	ACE(S) OF DESTINATION:	
8)	TYPE	E OF COVER REQUIRED:		
9)	BASI	S OF VALUATION:		
10)	LIMIT	LIMIT PER ANY-ONE VESSEL:		
11)	TRAN	TRANSHIPMENT AT:		
12)	ARE	CLASSED VESSELS USED?		
13)	AVEF	RAGE AGE OF VESSEL(<u>S):</u>		
14)	LIMIT	PER CONVEYANCE:		
15)	LIMIT	PER LOCATION:		

16)	NAME OF CARGO SURVEYOR	RS (1) PORT OF LOADING ————————————————————————————————————	-		
		(2) PORT OF DISCHARGE:			
17)	ESTIMATED ANNUAL TURNO	VER:			
18)	LOSS HISTORY FOR THE LAST 5 YEARS:				
SIGNA	TURE:	DATE:			
	FOR	R OFFICE USE ONLY			
1)	NAME OF AGENT:	CODE NO.:			
2)	AUTHORISING OFFICER:				
3)	REMARKS:				
0)					