



AIR & SEA INSURANCE CORP.

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CARGO - INVENTORY - PROPERTY - HULL & MACHINERY - P & I - POLLUTION - CHARTERERS - AVIATION - TERMINALS & PORTS

Cargo & Stock Questionnaire

Company Information

Name of Company	
Business address	
Contact	
Description of business	
Year established	
Current Insurer(s)	
Renewal / attachment date	

Imports

Imports to	
Imports from (please list countries)	
Estimated annual imported value	
Valuation (i.e. Cost, Selling, CIF +10%)	I,
Insured RESPONSIBLE for insurance	%
Insured NOT RESPONSIBLE for insurance	%



Nature of goods / materials

Type of packing

Max. & average value per shipment

Method of transit

AIRFREIGHT:	%
SEAFREIGHT	
Full container load:	%
Less than container load:	%
Conventional:	%
OTHER:	%

Exports

Exports from

Exports to (please list countries)

Estimated annual Exported value

Valuation (i.e. Cost, Selling, CIF
+10%)

Insured **RESPONSIBLE** for
insurance

Insured **NOT RESPONSIBLE** for
insurance

Nature of goods / materials

Type of packing

Max. & average value per shipment

Method of transit

	%
	%
AIRFREIGHT:	%
SEAFREIGHT	
Full container load:	%
Less than container load:	%
Conventional:	%
OTHER:	%



Domestic Purchases

Estimated annual value shipped	
Valuation (i.e. Cost, Selling, CIF +10%)	
Insured RESPONSIBLE for insurance	%
Insured NOT RESPONSIBLE for insurance	%
Nature of goods	
Type of packing	
Max. & average value per shipment	
Carried by common carriers	%
Carried by own vehicles	%

Domestic Sales

Estimated annual value shipped	
Valuation (i.e. Cost, Selling, CIF +10%)	
Insured RESPONSIBLE for insurance	%
Insured NOT RESPONSIBLE for insurance	%
Nature of goods	
Type of packing	
Max. & average value per shipment	
Carried by common carriers	%
Carried by own vehicles	%

Inter-Company Sendings

Estimated annual value shipped	
Valuation (i.e. Cost, Selling, CIF +10%)	
Inter-Company Sendings from	
Inter-Company Sendings to	



Storage / Inventory

List of all Locations (or attach spreadsheet if necessary)

Please include postal / ZIP codes

1.
2.
3.
4.
5.
6.

Total average monthly value at risk, across all locations

Average		Maximum
1.		
2.		
3.		
4.		
5.		
6.		
YES		/ NO
Name:		
Telephone:		

Value at risk at each location

Surveys / inspections available?

USD

Contact details for inspection if required

USD

USD

Sales Turnover

Sales turnover for last 3 years

Year:

Year

Year

Estimated sales for coming year

USD



Claims Experience

Transits			
Year	Claims Paid	Claims Outstanding	Excess (if applicable)
Storage			
Year	Claims Paid	Claims Outstanding	Excess (if applicable)

Details of large or unusual losses, including any falling outside the 3 years detailed above

Declaration

I declare that to the best of my knowledge and belief the statements made in this proposal are true and complete.

I agree that this proposal and declaration shall be the basis of the contract between me/us and Underwriters.

All material facts must be disclosed to Underwriters. Material facts are those that would influence a prudent Insurer in either acceptance of the risk or the premium charged. If you are unsure as to whether a fact is material or not, then it should be disclosed.

Signed:

On behalf of:

Dated: