



## MARINE CARGO/GOODS IN TRANSIT QUESTIONNAIRE

**Please save this form and return to your usual Willis contact via email**

Company name:			
Address:			
Subject matter insured:			
Description of packaging:			
Currency in which questionnaire is completed:			
Estimated maximum value per conveyance or location whilst in the ordinary course of transit:			

<b>IMPORTS</b> Countries of origin, estimated value and terms of sale:		
	Transit insurance responsibility of Assured (Estimated annual value)	Transit insurance responsibility of 'seller' (Estimated annual value)
<b>Country</b>	<b>EXW/FOB/CFR and similar</b>	<b>CIF/CIP and similar</b>
Europe		
U.S.A./Canada		
Far East		
Rest of World		

<b>EXPORTS</b> Countries of destination, estimated value and terms of sale:		
	Transit insurance responsibility of 'buyer' (Estimated annual value)	Transit insurance responsibility of Assured (Estimated annual value)
<b>Country</b>	<b>EXW/FOB/CFR and similar</b>	<b>CIF/CIP and similar</b>
Europe		
U.S.A./Canada		
Far East		
Rest of World		

<b>INLAND TRANSITS</b>			
Total estimated annual value of domestic transits:		Percentage at your insurance responsibility:	

<b>FOREIGN INLAND TRANSITS</b>			
Total estimated annual value of domestic transits:		Percentage at your insurance responsibility:	

<b>INTERCOMPANY MOVEMENTS</b> (Where there are no terms of sale as mentioned above)	
Total estimated annual value of intercompany transits:	

<b>SANCTIONED TERRITORIES</b> Please can you advise below if you ship to, from or within a sanctioned territory:				
Countries shipped to/from:				
Annual estimated values:				
Please continue on a separate page if more than four countries need to be declared.				



## MARINE CARGO/GOODS IN TRANSIT QUESTIONNAIRE

<b>STORAGE</b> In the event of more than one storage location please request supplementary Storage Information Questionnaire		
Do you require cover for deliberate storage outside the ordinary course of transit:		Please indicate <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise the maximum and average values in storage at any one time and the address of the location, including postcode:		
Address	Maximum Value	Average Value
Company name:		
Description of goods:		
Are the goods subject to large seasonal fluctuations?	Please indicate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the building occupied only by yourselves?	Please indicate <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, what other activities are carried out in the building? What other goods are stored in the building?		
How old is the building?	The approximate size of the building:	Materials used in construction:
What fire precautions and equipment are present in the building? Please provide details of fire alarm, number of extinguishers and sprinkler system:		
How far is the nearest fire station?		
Is the building susceptible to flooding?	Please indicate <input type="checkbox"/> Yes <input type="checkbox"/> No	
What security protection and anti-theft devices are fitted to the building? (e.g. locks, window protection, intruder alarm)		

### FORM COMPLETED BY

Name:

Date: