MARINE INSURANCE OPEN COVER QUESTIONNAIRE

1. NAME OF COMPANY: ____________________________

2. ADDRESS: ____________________________

3. LIST OF ITEMS TO BE IMPORTED: ____________________________

4. SHIPMENT: SEA FREIGHT: ____________________________ AIR FREIGHT: ____________________________

5. (a) NATURE OF PACKING: ____________________________
   (b) CONTAINERS: ____________________________
   (c) IF YES, FULL LOAD: ____________________________ or LESS THAN FULL LOAD: ____________________________

6. COUNTRIES OF ORIGIN: ____________________________

7. FINAL WAREHOUSE(S) AT FINAL PLACE (S) OF DESTINATION: ____________________________

8. TYPE OF COVER REQUIRED: ____________________________

9. BASIS OF VALUATION: ____________________________

10. LIMIT PER ANY-ONE VESSEL: ____________________________

11. TRANSHIPMENT AT: ____________________________

12. ARE CLASSED VESSELS USED? ____________________________

13. AVERAGE AGE OF VESSEL(S): ____________________________

14. LIMIT PER CONVEYANCE: ____________________________

15. LIMIT PER LOCATION: ____________________________

16. NAME OF CARGO SURVEYORS
   (1) PORT OF LOADING: ____________________________
   (2) PORT OF DISCHARGE: ____________________________

17. ESTIMATED ANNUAL TURNOVER: ____________________________

18. LOSS HISTORY FOR THE LAST 5 YEARS: ____________________________

Signature: ____________________________ Date: ____________________________

FOR OFFICE USE ONLY

1. NAME OF AGENT: ____________________________ CODE NO.: ____________________________

2. AUTHORIZING OFFICER: ____________________________

3. REMARKS: ____________________________

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