

Cargo Open Policy Proposal



The Proposer

Name _____

Address _____

_____ Web Address _____

Telephone _____ Fax _____

Subsidiary companies _____

Inception date for policy _____

Description of Goods

Please give general description of the goods to be insured

New Used Chilled Frozen Fresh or perishable

Are there any goods proposed for insurance which are not actually purchases or sales? **yes ~ no (Please circle)**

If yes, please explain _____

Packaging

Full details of how goods are packed for shipment (including special written instructions to transport carriers)

Transport

Indicate approximate percentage by each method

Imports Sea _____% Air _____% Post _____%

Exports Sea _____% Air _____% Post _____%

NZ sendings Road/Rail _____% Air _____% Post _____%

Own vehicle _____%



Containerised

Are goods containerised? **yes ~ no**

If yes, specify type of container _____

FCL LCL

If not containerised Pallet Skid Breakbulk Other (please specify) _____

Are non-containerised goods **always** to be shipped under deck on vessels? **yes ~ no**

Terms of Sale

CFR/C&F FOB CIF FIS Other Incoterm or trade term (please specify) _____

Other Sales Terms

Please specify (e.g. on consignment) _____

Transits

Countries of origin and destination to be shown

Imports from _____

to _____

Exports to _____

from _____

Pre-FOB Risks

Do you wish to cover the goods 'Ex Works' until loaded on aircraft/vessel? **yes ~ no**

NOTE Goods exported on FOB / CFR or similar terms remain at your risk until loaded onto the overseas conveyance.

New Zealand Sendings

Is cover required for sendings within New Zealand? **yes ~ no**

Are these sendings consigned as follows

- On Limited Carriers Risk terms **yes ~ no** percentage _____%
- At Owners Risk terms **yes ~ no** percentage _____%
- Declared Value **yes ~ no** percentage _____%
- On Declared Terms **yes ~ no**

If yes, please specify? _____

_____ (attach a copy of the contract)

- In own vehicles? **yes ~ no** percentage _____%

Limits of Liability Required

Imports	NZ\$ _____	} Maximum at risk any one conveyance
Exports	NZ\$ _____	
NZ sendings	NZ\$ _____	
	NZ\$ _____	

Basis of Valuation

Imports	cost, freight plus _____%	or specify _____
Exports	cost, insurance, freight plus _____%	or specify _____
NZ sendings	invoice cost to customer _____%	or specify _____
Goods that are not purchases or sales _____		
Other _____		

Values

Please ensure you include the % of plusage shown on the Basis of Valuation above, i.e. CIF + 15%

	Value shipped past 12 months	Estimate for next 12months
Imports excluding CIF purchases	NZ\$ _____	NZ\$ _____
Exports excluding FOB & CFR sales	NZ\$ _____	NZ\$ _____
Pre-FOB Risks (FOB & CFR sales)	NZ\$ _____	NZ\$ _____
NZ sendings	NZ\$ _____	NZ\$ _____
Total sales turnover/throughput	NZ\$ _____	NZ\$ _____

Details of Previous Losses

As at _____

Year	Imports/Exports		NZ Sendings	
	Claims paid	Claims outstanding	Claims paid	Claims outstanding
Total				

Give details of losses over NZ\$5,000 included in the above figures _____

Additional Information

Please state the name of your existing transit insurer _____

Are you aware of other information relevant to this risk? _____

Additional Covers

Do you require insurance for

- Advanced Profits/Increased Cost of Working (separate proposal required) **yes ~ no**
- Difference in Conditions (imports to NZ) **yes ~ no**
- Duty (show annual duty payable) **yes ~ no** \$ _____
- Sellers Interest – FOB & CFR sales only (exports from NZ) **yes ~ no**
- Whilst at exhibition? **yes ~ no**

Declaration

I declare the answers given above are to the best of my knowledge true and correct and I have not withheld any information or details of previous claims or any other material fact likely to affect acceptance of this proposal.

I agree that this proposal and declaration shall be the basis of the contract between Vero Marine Insurance and myself.

Signature _____ Date / /

Company _____

This insurance will not be in force until this proposal has been accepted by Vero Marine.