

STOCK THROUGHPUT PROPOSAL FORM

Name of Assured(s):

How long in business:

Where currently insured:

Claims record – minimum 3 years each section:

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
<i>A). Imports:</i>			
<i>B). Exports:</i>			
<i>C). Storage:</i>			
<i>D). Domestic Transit:</i>			

Annual Turnover estimated for next 12 months:

Interest to be insured: (please list each interest and percentage of turnover for each):

Sections A) & B) – Imports/Exports:

1). Basis of Valuation required:

a). Imports:

b). Exports:

c) Inland Transits:

2). *Volume per Annum:*

a). *Imports:*

b). *Exports:*

c) *Inland Transits:*

In respect of total sales volume what percentage is bought with insurance coverage provided elsewhere? Or confirm 100% of import volume is to be insured hereon.

3). *Does the Assured ever require to insure goods on a contingent basis? (e.g. Where Assured may be unsure of the security behind other insurances provided to them by suppliers.) If so, please give percentage of turnover which may be affected.*

4). a) *Is insurance required in respect of Duty payable on Imports?*

b) *What percentage of the Assured's Imports is subject to Duty?*

c) *What is average rate of Duty levied on the Assured's Imports?*

5). *With which countries is Assured importing/exporting goods?*

Please specify with percentages:

Imports:

Exports:

N. America

S. America

Europe

Far East

Middle East

Other

6). a) *Please specify percentage imported/exported:*

By Sea:

By Air:

By Other:

b) *In respect of sea transits please give percentages of:*

Full Container Loads:

Partial Container Loads:

Breakbulk:

7). *Packing details:*

8). *Deductibles:*

Ocean/Air transits:

Storage:

Domestic transits:

Exhibitions:

9). *Limits of Liability:*

Per Vessel/Steamer:

Per Aircraft:

Per Truck:

Per Storage Location:

10). *Are Waivers of Subrogation given to common carriers? If YES, please give full details.*

Section C). – Storage:

1). *Please provide a schedule of each storage location including address, construction, year built and security.*

A)

B)

C)

D)

E)

- 2). *Are the locations single/multi-stories:*
- 3). *Are locations "owned/rented":*
- 4). *Is smoking "allowed/not allowed":*
- 5). *Are the electrical systems less than 20 years old:*
- 6). *If "yes" has it been checked in the past 5 years:*
- 7). *Are there sprinklered:*
- 8). *Are there Fire Alarms:*
- 9). *How many fire extinguishers each location:*
- 10). *How far from closest Fire Station:*
- 11). *Are any locations adjacent to water courses:*
- 12). *Are they susceptible to flooding:*
- 13). *Will goods be stored 4 inches off the floor:*

- 14). *What is the average time in storage for any one consignment:*
- 16). *What is the turn-around time of total Stock:*
- 17). *What is the basis of Valuation of Stock in storage:*
- 18). *What is deductible is required for Storage losses:..... Except Earthquake*

Section D) – Domestic Transit Section:

- 1). *Basis of Valuation required:*
- 2). *What is the total Domestic Transit volume per annum including imports and domestic purchases: TOTAL VOLUME:*
- 3). *What are the total values to be insured in respect of the following:*

Total Values to be insured:

- A). *Suppliers to Customers:*
- B). *Suppliers to Assured's Premises:*
- C). *Inter – Company Movements:*
- D). *Assured's Premises to Customers:*
- E). *Other (please specify):*
- 4). *Are goods distributed in Assured's Vehicles?*
- 5). *If "yes" please give details of security on vehicles:*
- 6). *Are vehicles left unattended:*

Section D) – Domestic Transit Continued

- 7) *Are goods distributed by Common Carrier:*
- 8) *Any waiver of subrogation given to Common Carriers:*
- 9) *What deductible is required for Domestic Transits losses:*

DECLARATION

We declare that the information and answers given in this form are true to the best of our knowledge and belief and those we have not mis-stated or suppressed any material facts that might influence assessment of the risk. We also understand that completion of this form does not bind either Navigators or ourselves to accept this insurance but, if terms are agreed, it will form part of our contract with you.

Completed by : _____ Date) _____

Position : _____

