



CARGO PROPOSAL FORM

1. **Name and Address of the Insured**

Please provide details of the Company/ies who would be utilising this Insurance.

2. **Commodities**

Please describe the commodity/ies which would be covered under this insurance.
Is the cargo new or secondhand?

3. **Turnover**

Please indicate the volume of imports / exports / goods in transit (i.e. movements of cargo within the borders of RSA).

4. **Conveyances**

Please indicate the mode/s of conveyance (i.e. sea, road, rail, air) which are utilized for the conveyance of the cargo. Please also indicate the percentage per mode of conveyance.

5. **Containerisation**

Is cargo conveyed on a containerized, bulk or breakbulk basis? If containerised, in FCL's, LCL's or both? Please indicate the percentage of each.

FCL	:	<hr/>
LCL	:	<hr/>
Bulk	:	<hr/>
Air	:	<hr/>

6. **Packing**

Please specify relevant packing details. (For example, is the cargo packed in crates, boxes/cartons, drums, bags, cases, rolls, etc? If bagged, of what are the bags made? If drums, are the drums new? If rolls, are the rolls shrinkwrapped and palletised?)

7. **Voyages: Exports/Imports**

<i>From</i> :	<i>(Place of Origin)</i>	<hr/>
<i>Via</i> :	<i>(Port of Loading)</i>	<hr/>
<i>Via</i> :	<i>(Port of Discharge)</i>	<hr/>
<i>To</i> :	<i>(Final Destination)</i>	<hr/>

Voyages: Goods InTransit (transits within the borders of RSA)

From : (Place of Origin)

To: (Final Destination)

8. Consignment Values

What is the maximum amount/value which you import/export/carry on any one conveyance? Please also indicate the average amount which you import/export/carry at any one time.

9. Basis of Indemnity

An indication of how the Insured would like to be indemnified in the event of a claim. (For example, CIF plus 10%, delivered cost at final destination plus 10%, or any other basis which is elected.)

10. Terms of Purchase/Sale

Please indicate your terms of purchase/sale. (For example, F.O.B.(named port), C.I.F.(named port), or any other?)

11. Claims/Losses

Please advise whether this is a new venture, or whether the Insured has undertaken these consignments in the past. If the latter, please advise what losses/claims, if any, have occurred during the past three years. Please also advise the quantum/value of any losses/claims.

12. Storage

Is any **deliberate** storage cover required after shipment, or during shipment at intermediate ports, i.e. storage which is not incidental to the transit? If so, please indicate the anticipated period of storage.

13. Additional Information

Please provide any additional information which may be of assistance in the compilation of an insurance quotation for your Company. (For example, details of any risk management procedures, etc.)

14. Protection of Personal Information Act

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the insured consents to the transfer of that information to the reinsurers even if those reinsurers as situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.