

# 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<br>12 months | Estimate for next<br>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 |
|              |                 |                    |             |                    |
|              |                 |                    |             |                    |
|              |                 |                    |             |                    |
|              |                 |                    |             |                    |
| <b>Total</b> |                 |                    |             |                    |

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? \_\_\_\_\_

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## **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.**