

**MARINE CARGO QUESTIONNAIRE**

Name of Insured:	
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Address of Insured:	
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Contact Details:	Tel:		Email:	
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Details of Shipment/Interest to be insured:	
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Value to be Insured:	
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Details of Packing: (e.g. cartons strapped on wooden pallets)	
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Is Shipment/Interest professionally packed:		Is Shipment/Interest containerized?		Full container load	
				Part container load	

Method of Transportation:	Road		Rail		Ocean Vessel	
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Name of Shipping Line/Carrier:	
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Name of Shipping & Forwarding Agents:	
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Name of Vessel (or vessels if trans-shipment involved)	
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Voyage/Transit:	From:		To:		Via:	
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Approximate Date of Shipment:						Bill of Lading Number:		Voyage Number:	
	D	D	M	M	Y				