QUESTIONNAIRE FOR MARINE TRANSIT INSURANCE

1. Name & Address of Consigner/Consignee

2. Full Particulars of Materials Applied
   a. Quantity

3. a. Purchase Order No. & Date
   b. Name of Supplier, Invoice No. & Date

4. Place of Despatch and Final Destination

5. Mode of Transit

6. Particulars of Vessel/Lorry/AIR
   ie. Year of Built, GRT, etc

7. L R No. / R R No. Air Way Bill No.
   B L No. and Date

8. a. Invoice Value of the Item
   b. Sum to be Insured

9. Risks to be Covered
   : 1. All Risk        2. Basic Cover        3. War & SRCC
   : 4. Any Other, pls. Specify _______________________

10. Any other useful Information regarding the Risk

Signature

Name of Proposer

Address

Pin Code

Place

Date