

Questionnaire

GoCargo Gothaer Marine Cargo Insurance Annual Insurance

As of July 2021

Questionnaire for Gothaer Marine Cargo Insurance (GoCargo)



The following information is the prerequisite and basis for providing you with a binding offer. Therefore, please answer the following questions completely and truthfully; please use a supplementary sheet if there is insufficient space.

Applicant/Policyholder

Name/Company* _____

First name _____

Street/Number _____

Postcode _____ City/Town _____

Contact partner _____

Telephone _____ E-Mail _____

Homepage _____

Agency/Broker No. _____

Type of business

Manufacture/Production

Retail Wholesale

Importer Exporter

Other business (please specify) _____

Branches/subsidiaries**

Are there branches/subsidiaries that are to be included in this insurance?

No Yes, the following

Name _____ Country _____

Name _____ Country _____

Name _____ Country _____

Annual turnover

Total annual turnover _____ EUR

Classified in

Domestic turnover _____ EUR

Non-domestic turnover _____ EUR

Inception of the insurance

Inception date _____

**Financial year/
Anniversary date** _____

Requested payment method***

Monthly Quarterly

Half-yearly Annually

* In the case of legal entities, please also state the name of the legal representative.

** Risk information is to be provided in the same way as for the applicant/policyholder.

*** Payment by instalments is subject to a surcharge.

Previous insurance

Do you currently hold marine cargo insurance?

- No
- Yes, with the following company _____

Policy number _____

Termination by Policyholder Insurer

Previous damage

Has there been any loss or damage in the past three years (including loss/damage that was not compensated)?

- No loss or damage in the past three years
- Yes, the following

Year	Number of claims	Indemnity payment in EUR	Claims reserve in EUR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Characteristics (e.g. major damage, frequency losses, same damage pattern)

Type of goods

What goods are shipped?
(Please specify. Do not use general terms such as machines, chemicals, etc.)

Packaging

Type of packaging (specify exact designation and special features)

Loading

Method of loading (e.g. closed container, open wagons, low loader)

Transports

Transports and goods to be insured

Transports	Type of goods, if different from general type of goods
<input type="checkbox"/> Purchases	_____
<input type="checkbox"/> Shipments	_____
<input type="checkbox"/> Intermediary transport (un-invoiced)	_____
<input type="checkbox"/> Other transport (e.g. capital goods)	_____
<input type="checkbox"/> Return transport/returns	_____
<input type="checkbox"/> of sample collections	_____
<input type="checkbox"/> Other, if any	_____

Means of transport

Which means of transport will be used and what are the maximum limits (per means of transport)?

- Ocean going vessel EUR
- River vessel EUR
- Aircraft EUR
- Motor vehicle EUR
- Company-owned vehicle EUR
- Private parcel service EUR
- Post (per parcel) EUR
- Other EUR

Territory**Purchases**

Total value of transports to be insurer per year (purchases) EUR

of which	Condition of delivery (Incoterms (e.g. ex works, FOB, CIF, etc.)) or contractual agreement	per land in EUR	per sea in EUR	per air in EUR
Domestic
Europe
USA/Canada
Central/ South America
Africa
Asia
Australia

Shipments

Total value of transports to be insurer per year (shipments) EUR

of which	Condition of delivery (Incoterms (e.g. ex works, FOB, CIF, etc.)) or contractual agreement	per land in EUR	per sea in EUR	per air in EUR
Domestic
Europe
USA/Canada
Central/ South America
Africa
Asia
Australia

Un-invoiced intermediary transport

Total value of transports per year EUR

Other transport

Total value of transports per year EUR

Exhibitions/trade fairs

Number of exhibitions/trade fairs per year			Number
of which	Number of exhibitions/trade fairs	Total value per exhibition in EUR	Total value of all exhibitions in EUR
Domestic	_____	_____	_____
Europe	_____	_____	_____
USA/Canada	_____	_____	_____
Central/ South America	_____	_____	_____
Africa	_____	_____	_____
Asia	_____	_____	_____
Australia	_____	_____	_____

Storage

Interim storage If goods are stored during the period of insurance (interim storage), the insurance is limited to 60 days for each storage period.

Interim storage of more than 60 days Yes No

If yes

Where _____ Address _____

Duration in days _____ days

Arranged storage Arranged storage is storage outside the duration of the period of insurance (e.g. pre-storage or post-storage).

Arranged storage Yes No

If yes

Where _____ Address _____

Duration in days _____ days

Additional need for insurance

In addition to the value of the goods or the invoice value, are there any special expenses/costs such as freight, tax, customs duties, or an anticipated profit you would like include in the cover?

No

Yes, for freight, tax, customs duties, etc. _____ %

Yes, for anticipated profit _____ %

Are all transports to be covered or only those for which there is an insurable interest (risk assumption) or a customer order?

All

Only for insurable interest – customer order

Are the transports to be covered for your own account or for the account of a third party?

Own account

Account of a third party

Do you want a deductible (franchise) per loss occurrence?

No

Yes, a deductible* in the amount of _____ EUR

Yes, an integral deductible (franchise)** in the amount of _____ EUR

* Deductible: The agreed deductible will be deducted from each loss.

** Integral deductible: If the loss does not exceed the agreed deductible, no indemnity will be paid. If it exceeds the agreed deductible, the entire loss will be indemnified.

Additional comments/important details for our risk assessment?

The data protection information sheet was provided. Yes No

Place, date _____

Name, signature _____