



ASSEKURANZMAKLER  
MEMBER OF GLOBAL GROUP

## RISK ASSESSMENT MARINE CARGO INSURANCE

### I. Data in respect of the Assured(s)

1. Assured(s) / Address:

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Contact person(s): \_\_\_\_\_

Phone / E-Mail: \_\_\_\_\_

2. Kind of business (if possible, please attach company brochures or name your website):

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3. Relationship to a "parent"-company / group

No                       Yes, to \_\_\_\_\_

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### II. Relevant information in respect of the risk insured

1. Goods insured

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2. Insured transports

2.1. Purchase/Imports from the following cities/countries:

Origin: _____: Conveyance: _____ ∅ Sum insured (€): _____ Max. sum per conveyance (€): _____ Total volume p.a. (€): _____ on following (Inco)terms: <input type="checkbox"/> EXW <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> others. _____
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Origin: _____: Conveyance: _____ ∅ Sum insured: _____ Max. sum per conveyance: _____ Total volume p.a.: _____ on following (Inco)terms: <input type="checkbox"/> EXW <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> others. _____
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Origin: _____: Conveyance: _____ ∅ Sum insured: _____ Max. sum per conveyance: _____ Total volume p.a.: _____ on following (Inco)terms: <input type="checkbox"/> EXW <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> others. _____
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Origin: _____: Conveyance: _____ ∅ Sum insured: _____ Max. sum per conveyance: _____ Total volume p.a.: _____ on following (Inco)terms: <input type="checkbox"/> EXW <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> others. _____
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2.1.2. Packing:

mostly in/on  cartons  crates  pallets  conventionally  
 in containers  others \_\_\_\_\_

2.2 Sendings/Exports to the following cities/countries:

Destination: _____: Conveyance: _____ ∅ Sum insured (€): _____ Max. sum per conveyance (€): _____ Total volume p.a.: _____ (€) on following (Inco)terms: <input type="checkbox"/> EXW <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> others. _____
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Destination: _____: Conveyance: _____ ∅ Sum insured: _____ Max. sum per conveyance: _____ Total volume p.a.: _____ on following (Inco)terms: <input type="checkbox"/> EXW <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> others. _____
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Destination: _____: Conveyance: _____ ∅ Sum insured: _____ Max. sum per conveyance: _____ Total volume p.a.: _____ on following (Inco)terms: <input type="checkbox"/> EXW <input type="checkbox"/> FOB <input type="checkbox"/> CFR <input type="checkbox"/> CIF <input type="checkbox"/> others. _____
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- 2.1.2. Packing:  
mostly in/on  cartons  crates  pallets  conventionally  
 in containers  others \_\_\_\_\_

2.3. Storages ("stand alone" / not in connection with a transport):

Storage location: _____
Ø / max. volume per month (in €): Ø _____ /max: _____

Storage location: _____
Ø / max. volume per month (in €): Ø _____ /max: _____

Storage location: _____
Ø / max. volume per month (in €): Ø _____ /max: _____

2.4 Special risks

2.4.1. Exhibitions

If relevant, please give further details in respect of the

- Locations: \_\_\_\_\_

- Sum insured incl./excl. exhibition equipment: Ø : \_\_\_\_\_

max.: \_\_\_\_\_

2.4.2. Further services

In the case that you transport and/or "store" goods and/or tools in your own vehicles for repair-purposes, please name the main area/country, type of vehicle and max. value per vehicle in respect of the goods and tools to be insured on a separate attachment.

2.4.3. Returns

In case of returns to be insured, please name the average number and volume p.a. on a separate attachment



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3. Scope of Cover

- Full cover / All Risk       Limited cover / ("FPA")

Especially the following perils should be insured:

- ordinary breakage       bending       denting       scratching  
 rust       oxidation       wetness       war  
 strikes/riots/civil commotion  
 debris removal costs up to max. € \_\_\_\_\_ per claim

III. General information

1. Loss ratio for the last 3 years plus the current year:

Year	Premium (voluntary)	Claims paid	Claims pending	Number of claims

2. Does a marine cargo insurance policy already exist?

- Yes, via broker: \_\_\_\_\_ / Insurance company: \_\_\_\_\_  
 No

3. Remarks/Additional risk information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Stamp / Name & Signature / Date

\_\_\_\_\_

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