

EXPORT INSURANCE SERVICES, INC.

MARINE INSURANCE QUESTIONNAIRE

Date: _____

Your Company Name and Address: _____

Your Name: _____

Telephone: _____ / _____

FAX: _____ / _____

1. Does your company have (or have direct access to) a marine insurance policy which covers imports/exports? Yes _____
No _____ (If yes, please attach copy of policy.)

2. Name of Insurance Company _____?

3. Rates: Surface/Ocean _____?
Air _____?

4. Describe thoroughly the products you export (on attached page and supply brochures) and the packing for each:
Containers _____% Break Bulk _____% Other Export Packing
_____% (Describe).

5. Countries covered: (List on attached page) _____?

6. How is Insured Value determined (invoice, appraisal, declared, other)? _____

7. Estimated Aggregate Insured Values last 12 months:
\$ _____?

8. Maximum Value Per Vessel: \$ _____?

9. Average Value Per Vessel: \$ _____?

10. Estimated Annual Premiums: \$ _____?

11. Does your company receive any portion of the premiums (e.g., rebates/dividends) in 10. above? Yes _____ No _____

12. Which Common Carriers have you (or your clients) used?

13. Have there been any losses to your knowledge (describe):
_____?

STRICTLY CONFIDENTIAL

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**New Suite
No.: 810**