

3. Describe fully the packing used for each commodity (attach photographs, if possible) and list name of telephone number of contact for packing survey.

If containerized:

- (a) Who packs containers (shipper, carrier, other)?
- (b) Are goods consolidated with cargo of others in containers?
- (c) Where is container normally unpacked (discharge port, consignee's warehouse, other)?

4. Locations and limits of insurance required on merchandise temporarily removed from transit (excluding while in carrier's custody). Please specify purpose of such removal from transit (e.g. temporary warehousing, consolidation, repackaging, processing, or assembly).

Location, Name, Address & Zip Code	Purpose	Limit Desired

5. Specific coverages to be included in quotation:

- Import Duty
- War Risks, Strikes, Riots and Civil Commotion
- FOB/FAS Shipment Coverage
- "Contingency" Coverage

If a marine insurance policy is presently in effect, it will not be necessary to answer the below listed questions provided you supply us with:
(a) A complete copy of the current policy and rate schedule.

- (b) A statement of the premiums (excluding War premium) and losses (including principal cause) paid each year during the last five (5) years. Please note the insuring conditions, and if a deductible was applicable to the losses, please note whether the amounts include or exclude the deductible amount.
- (c) A note or letter describing the changes or additions you would like to have made.

6. Type of goods or merchandise to be insured (describe fully):

7. Value of a shipping package	A. Maximum \$	B. Average \$
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