



REQUEST FOR A MARINE INSURANCE QUOTATION

FAX TO: GUARDRISK ALLIED PRODUCTS AND SERVICES

DATE:/...../.....

FAX NO (011) 669-2779/2973

ATTENTION: JANICE SAVILLE OR JUSTIN STEPHEN

CLIENT :		FAX NO			
CONTACT NAME:		TEL NO			
DESCRIPTION OF GOODS (PLEASE STIPULATE IF NEW OR SECONDHAND) :					
PACKING DETAILS (NUMBER OF CARTONS/BAGS/CRATES ETC) :					
MODE OF SHIPMENT :	FCL	LCL	B/B	BULK	REEFER
CONVEYANCE :					
SAILING DATE :					
VOYAGE :	FROM :		VIA (LOADING PORT) :		
	VIA (DISCHARGE PORT) :		TO :		
	TRANSHIPMENT:				
STORAGE :	LOCATION :		PERIOD		
INSURED VALUE :					
TERMS OF SALE OR PURCHASE:					
BASIS OF VALUATION:					
REMARKS :					

QUOTATION

FOR GUARDRISK ALLIED PROD USE ONLY

INSURER :		
CONTACT :		DATE :
RATE :		
CONDITIONS :		
EXCESS		

COMPLETED BY :	DATE :
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