



REQUEST FOR A MARINE (NON BINDING) INSURANCE INDICATION

ATTENTION:				DATE:				
CLIENT:				FAX NO				
				TEL NO				
				E-MAIL:				
CONTACT NAME:								
DESCRIPTION OF GOODS (PLEASE STIPULATE IF NEW OR SECONDHAND). N.B. NO PERISHABLE OR BULK CARGO UNDER NAVIG8 UNLESS AGREED PRIOR TO ATTACHMENT OF RISK:								
PACKING DETAILS (CARTONS/BAGS/CRATES/LOOSE/UNPROTECTED) NO OF PACKAGES:								
METHOD OF SHIPMENT:		FCL	LCL/ Groupage	Break Bulk	Reefer	Tanktruck	Open top FCL/Loose	Bundles/ Bales
<i>Indicate:</i>								
CONVEYANCE:	Road	Rail	Sea	Air	Sailing/Sending Date:			
<i>Indicate:</i>								
VOYAGE:	FROM:				VIA (Loading Port):			
	VIA (Discharge Port):				TO (Final destination):			
	TRANSHIPMENT:							
STORAGE:	LOCATION:				PERIOD:			
TERMS OF PURCHASE/TERMS OF SALE:								
<i>(EXW/FCA/FAS/FOB/CFR/CIF/CPT/CIP/DAF/DES/DEQ/DDU/DDP):</i>								
ESTIMATED ANNUAL TURNOVER:			MAXIMUM VALUE PER VESSEL AND CONVEYANCE:			MAXIMUM VALUE PER LOCATION:		
R			R			R		
INSURED VALUE:								
BOV (BASIS OF VALUATION):								
SASRIA REQUIRED: YES/NO								
ESTIMATED TURNOVER: R.....								
ADDITIONAL INFORMATION/REMARKS:								



FOR GAPS USE ONLY

INDICATION ONLY SUBJECT TO ADDITIONAL INFORMATION AND/OR COMPLETION OF OPEN POLICY APPLICATION QUESTIONNAIRE		<i>(Indicate)</i>
FIRM QUOTATION:		
ASTRA CONTACT:		DATE:
CONDITIONS:		
EXCESS:		
WARRANTIES:		
RATE:		

COMPLETED BY:	DATE:
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