

Cavignac & Associates

I N S U R A N C E B R O K E R S

License No. OA99520

1230 Columbia Street, Suite 850 San Diego, CA 92101-3547

Phone 619-234-6848 <> Fax 619-234-8601 <> Website www.cavignac.com

Transit Questionnaire

Named Insured _____ **Target Effective Date** _____

| Imports | | | |
|----------------|----|---|----|
| 1. | a. | What is the annual volume of goods shipped to your premises? | \$ |
| | b. | What types of goods are shipped to your premises? | |
| | | | |
| | c. | What is the mode of transit? | |
| | | | |
| | d. | Where do the goods come from? | |
| | | | |
| | | | |
| | e. | What is the average value per shipment ? | \$ |
| | f. | What is the maximum value per shipment ? | \$ |
| Exports | | | |
| 2. | a. | What is the annual volume of goods shipped from your premises? | \$ |
| | b. | What types of goods are shipped from your premises? | |
| | | | |
| | c. | Where do the goods go? | |
| | | | |
| | d. | What is the mode of transit? | |
| | | | |
| | | | |
| | d. | What is the average value per shipment ? | \$ |
| | e. | What is the maximum value per shipment ? | \$ |

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Transit Questionnaire (continued)

| General | | | |
|---|--|--|--|
| 3. | a. | What percentage of goods are shipped via your vehicles ? | |
| | b. | What percentage of goods are shipped via UPS, Federal Express, or other contract (private) carriers ? | |
| | c. | What percentage of goods are shipped via common carriers ? | |
| | Total | | |
| 4. | What type of bill of lading is used? (Please attach a copy) | | |
| | | | |
| 5. What are the F.O.B. terms ? (Check one) | | | |
| ➤ F.O.B. – Point of shipment | | <input type="checkbox"/> | |
| ➤ F.O.B. – Point of destination | | <input type="checkbox"/> | |
| 6. | a. | What percentage of goods are shipped out of state ? | % |
| | b. | What percentage of goods are shipped out of the country ? | % |
| 7. | Where are the majority of the goods shipped? | | |
| | | | |
| 8. | What type of packing material is generally used? | | |
| | | | |
| 9. | Are certificates of insurance obtained from all carriers? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. | Have you sustained any losses which would be covered by this insurance? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If yes, describe each loss (use separate sheet if needed) | | |
| | | | |
| | | | |
| 11. | What is the limit of liability requested? | \$ | |
| 12. | What deductible(s) would you like to consider? | \$ | |
| 13. | Are any goods shipped at another's risk that you would like contingent coverage for? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. | Additional comments | | |
| | | | |
| | | | |
| | | | |

Completed by _____ Date _____