

INFORMATION REQUIRED FOR PREPARATION OF CARGO INSURANCE OFFER

Moscow

_____ 2020

Insured (Name, legal address of the Insured)			
Contact person (telephone, fax, e-mail)			
Beneficiary (loss payee)			
Insured relates to cargo as	<input type="checkbox"/> seller <input type="checkbox"/> forwarding agent <input type="checkbox"/> internal transport operations <input type="checkbox"/> buyer <input type="checkbox"/> carrier <input type="checkbox"/> other		
Cargoes and their characteristics			
Name of cargoes (please, specify percent of each group to total value)			
	<i>Including cargoes susceptible to breakage and damage (articles made from marble, ceramics, china, glass or glass-containing etc.) as a percentage of total load volume.</i> _____% <input type="checkbox"/> new <input type="checkbox"/> secondhand		
Package (Packing cases, boxes, bags, pallets etc.) or without package			
Presence of identification seals	<input type="checkbox"/> yes <input type="checkbox"/> no		
Maximum cost for one cargo carrier	(for motor transportation: If carrier is a legal entity- _____ If carrier is an individual entrepreneur _____		Average monthly volume of carriage (in value terms) Month quantity of carriage _____
Annual/contract volume of carriage			
CARGO TRANSPORTATION			
Carrier	<input type="checkbox"/> legal entity <input type="checkbox"/> individual entrepreneur <input type="checkbox"/> own transport of the insured <input type="checkbox"/> other Please, specify the name of the carrier _____ (carrier liability is insured <input type="checkbox"/> yes <input type="checkbox"/> no If the answer is yes, specify the company) _____		
Mode of transport	<input type="checkbox"/> motor transport <input type="checkbox"/> rail road <input type="checkbox"/> sea/river <input type="checkbox"/> air carriage <input type="checkbox"/> express forwarding <input type="checkbox"/> mixed ((please, specify modes of transport)		
Way of conveyance	<input type="checkbox"/> container <input type="checkbox"/> open body/platform <input type="checkbox"/> tilt-covered vehicle body / semitrailer <input type="checkbox"/> closed type (rigid body) <input type="checkbox"/> low-bed semitrailer <input type="checkbox"/> <input type="checkbox"/> dolly <input type="checkbox"/> car transporter truck <input type="checkbox"/> covered railcar <input type="checkbox"/> open railcar <input type="checkbox"/> rail tank car <input type="checkbox"/> hopper car <input type="checkbox"/> auto carrier <input type="checkbox"/> carrier <input type="checkbox"/> in bulk <input type="checkbox"/> in grain <input type="checkbox"/> cargo hold <input type="checkbox"/> deck <input type="checkbox"/> tanker <input type="checkbox"/> barge/ferry <input type="checkbox"/> cold storage truck (<input type="checkbox"/> with recording devices <input type="checkbox"/> without recording devices <input type="checkbox"/> other _____) <input type="checkbox"/> other (please, specify)		
Cargo loading method			

Presence of armed guard	<input type="checkbox"/> yes <input type="checkbox"/> no Name of security firm _____ Quantity of guards accompanying the cargo _____ Types of weapons : <input type="checkbox"/> firearms <input type="checkbox"/> weapons
What leg of the route is declared under insurance	<input type="checkbox"/> the whole transportation route <input type="checkbox"/> the first leg of the route <input type="checkbox"/> other
Availability of a cargo inspection certificate	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> at departure point <input type="checkbox"/> at reloading point <input type="checkbox"/> at destination point Who draws up and signs this cargo inspection certificate
TRANSPORTATION ROUTES	
Departure points	
Destination points	
Reloading points	
Partial unloading points	
Temporary storage	<input type="checkbox"/> yes, maximum storage time ____ days <input type="checkbox"/> no <input type="checkbox"/> closed protected premise intended for temporary storage of cargo <input type="checkbox"/> closed protected premise intended for exhibition holding <input type="checkbox"/> open walled protected parking facility <input type="checkbox"/> open site without fence and protection <input type="checkbox"/> limit on storage _____ Name and address of storage _____
INSURANCE TERMS (what risks should be covered by insurance):	<input type="checkbox"/> §2 article 2.1 "All risks"; <input type="checkbox"/> §2 article 2.2 "With particular average" <input type="checkbox"/> §2 article 2.3 "Free of particular average" <input type="checkbox"/> including theft of the whole cases <input type="checkbox"/> including robbery, armed assault <input type="checkbox"/> Additional risks:
Loss statistics for the last three years	

This application constitutes an integral part of the cargo policy.

This is to confirm that we have received and understood the Cargo Insurance Rules of Ingosstrakh.

We guarantee payment of premium according to invoices and in the time limits specified by invoices.

If payment of premium is effected in currency other than currency of the contract, the Central Bank rate of the Russian Federation as of the funds transfer shall be applied.

At the time of signing this application, the insurer is informed that if it provides false information in this document Ingosstrakh OJSIC shall be entitled to file a claim for the rescission of the contract as concluded under the influence of fraud.

Chief executive or authorized person _____

(Signature, full name, job title)

(L.S.)