**QUESTIONNAIRE FOR INSURANCE OF GOODS IN TRANSIT**

**1. General information about a party seeking insurance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Business name (name)** |  | | | |
| **Company ID Number** |  | | | |
| **Registered office** | Street |  | | |
| Zip code |  | Town/city |  |
| **Line of business** |  | | | |
| **Telephone Number** |  | | E-Mail |  |
| **Website** |  | | | |

**2. Damage history for the last 5 years**

**List damages not covered by insurance and damages for which insurance company did not provide insurance benefit**

|  |  |  |
| --- | --- | --- |
| **Date of damage** | **Cause and brief description of damage** | **Damage amount [EUR]** |
|  |  |  |

**3. Transported cargo**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of transported cargo** | |  | | | | | | |
| **Is the cargo fragile? 1)** | |  | yes |  | no | (if so, please provide details below) | | |
|  | | | | | | |
| **Does the cargo represent goods in temperature-controlled regime?** | |  | yes |  | no | | (if so, please provide details below) | |
|  | | | | | | |
| **Does the cargo represent goods with higher risk of fire or explosion?** | |  | yes |  | no | | | (if so, please provide details below) |
|  | | | | | | |
| **1)** | Fragile goods mean goods consisting of fragile material, e.g. glass, ceramics, electronics, goods in glass packages | | | | | | | |

**4. Carrying out transport**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transport is carried out** |  | whole year |  | once |  |
| **Number of vehicles used for transport** |  |  | | | |
| **Maximum value of cargo per one transport [EUR]** |  |  | | | |

**5. Requirements for insurance**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Territorial validity of the insurance** | | |  | Slovak Republic + Czech Republic + Hungary + Austria + Poland **2)** | | |  | Other, state: |  | | |
| **Sum assured [EUR]** | | |  | | | | | | | |  |
| **Required scope of insurance 3)** | | |  | Basic scope |  | Extended scope | | |  | Special scope | |
|  | | | | | | | | | | | |
| **2)** | Arranged as a basic territorial validity | | | | | | | | | | |
| **3)** | Basic scope = | natural disaster under Special Insurance Conditions for Insurance of Transported Cargo + traffic accident investigated by the police + building collapse | | | | | | | | | |
| Extended scope = | basic scope + theft by breaking into the vehicle, including damages caused to the cargo in direct connection with the breaking into the vehicle + stolen vehicle + theft in direct connection with traffic accident of the vehicle + robbery | | | | | | | | | |
| Special scope = | damage, destruction or loss of cargo caused by insured event, which is not excluded in insurance conditions or insurance policy | | | | | | | | | |

**6. Notes**

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|  |

**If the space in this questionnaire is insufficient, write your answers on a separate sheet of paper, which will be attached to the questionnaire.**

I hereby declare that the information included in this questionnaire is complete and true. I am also aware of the fact that if I take out an insurance policy, I am obliged to inform the insurer without undue delay of any changes in the facts stated in this questionnaire. If an insurance policy is taken out, this questionnaire is an integral part of the insurance policy.

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_ Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp and signature