



**PLEASE EMAIL FOR
PHONE APPOINTMENTS**

**Email: info@osi.insure
Web: onlinesellersinsurance.com.au**

SHIPPING AND CARGO INSURANCE QUOTE REQUEST

CLIENT INFORMATION:

INSURED NAME

ADDRESS

PHONE NUMBER

EMAIL

TYPE OF PRODUCT / PRODUCTS?

HOW DID YOU HEAR ABOUT US?

OTHER INFORMATION:

1. NUMBER OF YEARS OPERATING THIS BUSINESS

2. PREVIOUS MARINE CARRIERS INSURANCE? YES/NO IF YES, PLEASE PROVIDE INSURER NAME

DO YOU REQUIRE COVER FOR SHIPMENTS FROM CHINA TO USA?

YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING DETAILS:

1. DESCRIPTION OF GOODS

2. WHAT IS THE MAXIMUM VALUE OF ANY ONE LOAD? \$

3. NUMBER OF SHIPMENTS (PER YEAR) FROM CHINA TO USA?

4. MODE OF TRANSPORT:

5. PACKING DETAILS:

DO YOU REQUIRE COVER FOR SHIPMENTS FROM CHINA TO AUSTRALIA?

YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING DETAILS:

1. DESCRIPTION OF GOODS

2. WHAT IS THE MAXIMUM VALUE OF ANY ONE LOAD? \$

3. NUMBER OF SHIPMENTS (PER YEAR) FROM CHINA TO AUSTRALIA?

4. MODE OF TRANSPORT:

5. PACKING DETAILS:

DO YOU REQUIRE COVER FOR INLAND SHIPMENTS WITHIN AUSTRALIA?

YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING DETAILS:

1. DESCRIPTION OF GOODS

2. WHAT IS THE MAXIMUM VALUE OF ANY ONE LOAD? \$

3. NUMBER OF INLAND TRANSITS EACH YEAR?

4. MODE OF TRANSPORT:

5. PACKING DETAILS:

DO YOU REQUIRE COVER FOR SHIPMENTS TO & FROM ANY OTHER COUNTRIES?

YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING DETAILS:

1. DESCRIPTION OF GOODS

2. PLEASE CONFIRM WHICH OTHER COUNTRIES YOU ARE IMPORTING FROM / EXPORTING TO:

3. WHAT IS THE MAXIMUM VALUE OF ANY ONE LOAD? \$

4. NUMBER OF SHIPMENTS (PER YEAR)?

5. MODE OF TRANSPORT:

6. PACKING DETAILS:

DO YOU IMPORT/EXPORT FROM ANY OF THE FOLLOWING EXCLUDED COUNTRIES? YES NO

AFGHANISTAN, ALGERIA, BOLIVIA, CENTRAL AFRICAN REPUBLIC, CHAD, COLOMBIA, CONGO-KINSHASA (DRC), COTE D'IVOIRE (IVORY COAST), ETHIOPIA, GUINEA, IRAN, IRAQ, KENYA, LEBANON, LIBYA, MADAGASCAR, MALI, NIGERIA, PAKISTAN, PALESTINIAN AUTHORITY (GAZA AND WEST BANK), RUSSIA NORTH CAUCASUS (CHECHNYA, DAGESTAN, INGUSHETIA, KABARDINO-BALKARIA, KARACHAY- CHERKESSIA, OSSETIA), SOMALIA, SUDAN, SOUTH SUDAN, SYRIA, YEMEN, ZIMBABWE

IF YES, PLEASE COMPLETE THE FOLLOWING DETAILS:

DUTY OF DISCLOSURE

Under the Insurance Contracts Act, you have to disclose every matter that you know, or could reasonably be expected to know, is relevant to the Insurers decision whether to accept the risk of insurance and on what terms. The duty of disclosure applies on each and every occasion you seek new insurance cover or renewal, alter or extend existing cover.

YOUR DUTY DOES NOT REQUIRE DISCLOSURE ON ANY MATTER

- that diminishes the risk to be undertaken
- that is common knowledge
- that the Insurance Company knows or in the ordinary course of its business ought to know
- as to which the Insurer waives compliance with your duty

It is essential that you comply with your duty of disclosure as the Insurance Company may be entitled to deny a claim, reduce it's liability under the contract of insurance or cancel the contract from its beginning.

PLEASE ANSWER THE FOLLOWING QUESTIONS

HAS ANY INSURER WITH RESPECT TO ANY INSURANCE POLICY HELD BY YOU OR ANY OTHER PERSON INCLUDED AS AN INSURED

- a. refused to renew, cancelled, or terminated a policy of insurance? YES NO
- b. imposed special or restrictive conditions, increased excess or premium?

HAVE YOU OR ANY OTHER PERSON INCLUDED AS AN INSURED

- c. made any claims in the last 5 years on any insurance policy?
- d. had a claim refused or rejected by an Insurer on any insurance policy?
- e. been convicted of a criminal offence?
- f. been placed into administration, receivership, liquidation, bankruptcy?
- g. Had any convictions for driving under the influence of alcohol or drugs, or had a licence cancelled or suspended in the last 5 years?
- h. have anything else to declare under your duty of disclosure?

IF YOU HAVE ANSWERED "YES" TO ANY QUESTION PLEASE PROVIDE RELEVANT DETAILS BELOW

COMPLETED / CONFIRMATION BY THE INSURED

SIGNATURE

FULL NAME

DATE

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