



## Risk Analysis Marine Cargo Insurance

Please answer the risk analysis form carefully, completely and correctly. If you provide additional information on a supplementary sheet, please make a note of this. The currency we use for all amounts is EURO.

### A. General information

| Insured/Co-Insured entities (turnover in EUR)                         |               |
|-----------------------------------------------------------------------|---------------|
| Insured (pls provide complete address details)                        | turnover p.a. |
|                                                                       |               |
| Co-Insured entities (pls provide respective complete address details) | turnover p.a. |
|                                                                       |               |
|                                                                       |               |
| Total annual turnover of all insured companies                        |               |

| Goods and maximum limits per conveyance (detailed description/limits in EUR) |  |
|------------------------------------------------------------------------------|--|
| Type of goods (trade programme)                                              |  |
| How are the goods packed?                                                    |  |
| Limit per conveyance/transport related (intermediate) storage location       |  |

### B. Insurance cover

Please tick the requested insurance cover and provide us with the necessary risk information.

| <input type="checkbox"/> Insurance cover for DISPATCHES (total value in EUR p.a.) |                                                             |                                                          |                     |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|---------------------|
| Shipments to                                                                      | Value at own risk                                           | Value at third-party risk                                | Means of conveyance |
| Germany (inland transports)                                                       |                                                             |                                                          |                     |
| Western Europe                                                                    |                                                             |                                                          |                     |
| Eastern Europe                                                                    |                                                             |                                                          |                     |
| CIS countries                                                                     |                                                             |                                                          |                     |
| Near and Middle East,<br>Northern Africa, India                                   |                                                             |                                                          |                     |
| Far East, Australia, Oceania                                                      |                                                             |                                                          |                     |
| South Africa                                                                      |                                                             |                                                          |                     |
| Rest of Africa                                                                    |                                                             |                                                          |                     |
| USA/Canada                                                                        |                                                             |                                                          |                     |
| Middle- and South America                                                         |                                                             |                                                          |                     |
| Requested Insurance cover for dispatch transports                                 |                                                             |                                                          |                     |
| <input type="checkbox"/> only for own risk                                        | <input type="checkbox"/> incl. contingency/protective cover | <input type="checkbox"/> irrespective of risk assumption |                     |



| <input type="checkbox"/> Insurance cover for PURCHASES (total value in EUR p.a.) |                                                             |                                                          |                     |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|---------------------|
| Shipments from                                                                   | Value at own risk                                           | Value at third-party risk                                | Means of conveyance |
| Germany (inland transports)                                                      |                                                             |                                                          |                     |
| Western Europe                                                                   |                                                             |                                                          |                     |
| Eastern Europe                                                                   |                                                             |                                                          |                     |
| CIS countries                                                                    |                                                             |                                                          |                     |
| Near and Middle East,<br>Northern Africa, India                                  |                                                             |                                                          |                     |
| Far East, Australia, Oceania                                                     |                                                             |                                                          |                     |
| South Africa                                                                     |                                                             |                                                          |                     |
| Rest of Africa                                                                   |                                                             |                                                          |                     |
| USA/Canada                                                                       |                                                             |                                                          |                     |
| Middle- and South America                                                        |                                                             |                                                          |                     |
| Requested Insurance cover for purchase transports                                |                                                             |                                                          |                     |
| <input type="checkbox"/> only for own risk                                       | <input type="checkbox"/> incl. contingency/protective cover | <input type="checkbox"/> irrespective of risk assumption |                     |

| <input type="checkbox"/> Factory transports (transports with own vehicles/limits in EUR) |  |
|------------------------------------------------------------------------------------------|--|
| Relations/countries                                                                      |  |
| No. of vehicles                                                                          |  |
| Limit per vehicle                                                                        |  |

| <input type="checkbox"/> Insurance cover for disposed storage locations (maximum limit/average capacity used in EUR) |       |                         |
|----------------------------------------------------------------------------------------------------------------------|-------|-------------------------|
| Address storage location (pls provide complete address details)                                                      | Limit | Ø Average capacity used |
|                                                                                                                      |       |                         |
|                                                                                                                      |       |                         |
|                                                                                                                      |       |                         |

#### Material risk information i.r.o. disposed storage locations

Please provide us with the following risk information for the individual storage locations:

- Limit > EUR 1 Mio. completed CS-Questionnaire for storage surveys
- Limit > EUR 5 Mio. detailed and up-to-date survey report

We reserve the right to request further risk information or an survey/inspection.

#### Requested Insurance cover for disposed storage locations

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Full cover                                                                                                     |
| <input type="checkbox"/> Named perils - FLEXA (fire, lightning, explosion, aircraft collision), pipe water, storm/hail, burglary, theft |
| <input type="checkbox"/> Perils of flooding and natural disasters                                                                       |
| <input type="checkbox"/> the following perils                                                                                           |
|                                                                                                                                         |



| Insurance for other risks and transports |                                                                                                                                                                                                                           |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                 | Transportation of raw materials, auxiliary and operating materials, spare parts and accessories, semi-finished products, goods to be processed, ingredients, other regularly supplemented materials, packaging materials. |
| <input type="checkbox"/>                 | Returns of insured goods, repair shipments also within the scope of warranty claims, complaints, refusal of acceptance.                                                                                                   |
| <input type="checkbox"/>                 | Transportation between business premises of the group of companies and from and to outer warehouses (no removals).                                                                                                        |
| <input type="checkbox"/>                 | Transports from and to subcontractors, finishing and packaging companies.                                                                                                                                                 |
| <input type="checkbox"/>                 | Purchases of investment goods (no removals).                                                                                                                                                                              |

**C. Insurance cover for special risks**

Please complete the risk analysis form C. if you require insurance cover for other risks (e.g. insurance of exhibitions and trade fairs, sample collections, certain transports).

**D. Supplementary risk information**

| Risks in connection with crisis/sanction countries                                                                                                                                                                                             |                          |    |                          |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----|--------------------------|---------------------------------|
| Are there risks in connection with crisis countries that are classified as "severe" according to Cargowatch-list?<br><a href="http://watch.exclusive-analysis.com/jccwatchlist.html">http://watch.exclusive-analysis.com/jccwatchlist.html</a> | <input type="checkbox"/> | no | <input type="checkbox"/> | yes, i.r.o. following countries |
| Are there risks associated with countries that are subject to <b>sanctions</b> ?                                                                                                                                                               | <input type="checkbox"/> | no | <input type="checkbox"/> | yes, i.r.o. following countries |
| Are there risks especially associated with Cuba, Iran, Syria, North Korea, Sudan, Venezuela?                                                                                                                                                   | <input type="checkbox"/> | no | <input type="checkbox"/> | yes, please advise              |

| Claims history and previous insurers (claim amounts in EUR)                                          |                                                                                         |                                         |                          |                                                                        |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|------------------------------------------------------------------------|
| Claims - Please provide details for the last three years and for the current year including reserves |                                                                                         |                                         |                          |                                                                        |
| Year                                                                                                 | No.                                                                                     | Loss type/information on special losses | Total amount             |                                                                        |
|                                                                                                      |                                                                                         |                                         |                          |                                                                        |
|                                                                                                      |                                                                                         |                                         |                          |                                                                        |
|                                                                                                      |                                                                                         |                                         |                          |                                                                        |
| <b>Previous insurer</b>                                                                              | <input type="checkbox"/>                                                                | no previous insurer                     | <input type="checkbox"/> | Previous insurance existing (please provide the following information) |
| Full address of the previous insurer                                                                 | <input type="checkbox"/> Cargo insurance was previously covered by the forwarding agent |                                         |                          |                                                                        |
| <b>Previous/current deductible</b>                                                                   | <input type="checkbox"/>                                                                | no deductible                           | <input type="checkbox"/> | Deductible as follows                                                  |
|                                                                                                      |                                                                                         |                                         |                          |                                                                        |



| Liability agreements with forwarders, warehouse keepers and other transport companies                                                                 |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Do liability agreements exist with appointed transport companies (logistics contracts, project contracts, framework agreements etc.)? Please enclose. |                                          |
| <input type="checkbox"/> no                                                                                                                           | <input type="checkbox"/> yes, as follows |
|                                                                                                                                                       |                                          |

| Additional information and other details related to the risk/desired insurance cover                                                                                       |                                                                                           |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| In the following field you have the possibility to enter additional information on the questions asked in the risk analysis form, the risk or the desired insurance cover. |                                                                                           |                                                           |
|                                                                                                                                                                            |                                                                                           |                                                           |
| <b>Enclosures</b>                                                                                                                                                          | <input type="checkbox"/> no enclosures                                                    | <input type="checkbox"/> Following documents are enclosed |
|                                                                                                                                                                            | <input type="checkbox"/> Risk analysis form C. for special risks (Marine Cargo Insurance) |                                                           |

**E. Confirmation of the risk information**

| Pre-contractual duty of disclosure and legal consequences of breach of the duty of disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <p><b>This risk analysis form must be completed completely and truthfully. Cancellations and/or omissions will be treated as a NO response.</b></p> <p>We point out that the insurer must be notified of all risk-relevant circumstances for the acceptance of insurance cover and that the questions asked must be answered truthfully and in full. All circumstances which are likely to influence the insurer's decision to bind the insurance contract at all or with the agreed content, as well as all risks which are not covered by the policy without separate agreement, are material. Incorrect information on the circumstances of risk and the concealment of other circumstances of risk may entitle the insurer to withdraw from the insurance contract or to terminate it and to refuse to pay claims.</p> <p>The policyholder waives the separate notification of the legal consequences in accordance with § 19 Para. 5 VVG as well as the instruction of the legal consequences of § 56 VVG.</p> |                                           |
| I hereby confirm the correctness of the above information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |
| <p>.....</p> <p>(Place, Date)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>.....</p> <p>(Signature and Stamp)</p> |