

STOCK THROUGHPUT INFORMATION SHEET

BROKER: _____ **CONTACT:** _____ **Phone NO.:** _____

1. **INSURED** : _____

2. **BUSINESS / OPERATION** : _____

3. **EXISTING INSURERS** : _____

(a) MARINE _____

(b) TRANSIT _____

(c) STOCK _____

4. **CLAIMS EXPERIENCE** : (If possible 4 years with details of each applicable claim on a separate schedule)

YEAR	NET PREMIUM	NET CLAIM	DETAILS
_____	R_____	R_____	R_____
_____	R_____	R_____	R_____
_____	R_____	R_____	R_____
_____	R_____	R_____	R_____
TOTAL	R_____	R_____	

5. **ANNUAL GROSS TURNOVER**

5.1 **SALES** R_____

5.2 **IMPORTS** R_____

5.3 **EXPORTS** R_____

5.4 **TRANSIT** R_____

MAIN LOCATIONS

	ADDRESS	STOCK LIMIT	BURGLARY LIMIT
6.1	_____	R_____	R_____
6.2	_____	R_____	R_____
6.3	_____	R_____	R_____
6.4	_____	R_____	R_____
6.5	_____	R_____	R_____

7. **SURVEYS – ATTACHED**

8. **REQUIRED MAXIMUM LIMITS**

- | | | | |
|----|---------------------------|---------------------|--------|
| a) | Any one vessel (imports) | R_____ (exports) | R_____ |
| b) | Any one location(imports) | R_____ (exports) | R_____ |
| c) | Any one transit | R_____ | |
| d) | Stock | R_____ | |
| e) | Burglary / Theft | R_____ (FIRST LOSS) | |
| f) | Malicious Damage | R_____ | |
| g) | Accidental Damage | R_____ | |

9. **MAIN SUPPLIERS**

COUNTRY	COMMODITY	APPROX. VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. **BASIS OF VALUATION**

- | | | |
|-------------|----------------|-------|
| 10.1 | IMPORTS | _____ |
| 10.2 | TRANSIT | _____ |
| 10.3 | STOCK | _____ |