QUESTIONNAIRE · GOODS IN TRANSIT

Cargo insurance questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. The more you detail your flows, the more accurate our proposal.

1. YOUR BUSINESS AND YOU

The business taking out the policy, and who to call back.

Company name : ..... **SIRET :** ..... **NAF code (business activity) :** .....

Legal form : ☐ Sole trader / micro-business ☐ Limited company (SARL / EURL) **Date established :** .....
☐ Simplified company (SAS / SASU) ☐ Other

First name : ..... **Last name :** ..... **Position :** .....

Place of birth : ..... **Nationality :** ..... **Country of residence :** .....

Phone : ..... **Email :** .....

2. YOUR GOODS

What travels, and what it is worth.

Type of goods : ..... **Temperature-controlled :** ☐ No ☐ Yes

Average value per shipment : ..... € **Maximum value per shipment :** ..... € **Value shipped per year :** ..... €

Business postcode : ..... **Business in France :** ☐ Yes ☐ No ☐ Being set up

3. YOUR TRANSPORT

How and where your shipments go.

Modes of transport : ☐ Road ☐ Sea ☐ Air ☐ Rail **Transport by :** ☐ Your vehicles ☐ A carrier ☐ Both

Areas : ☐ France ☐ Europe **Shipments per year :** ..... **Storage with a third party :** ☐ No
☐ Outside Europe ☐ Yes

Current insurer : ..... **Current premium :** ..... € / year

Claims in the last 3 years :

Date	Type (theft, breakage, water damage, accident…)	Amount (€)
.....	.....	.....
.....	.....	.....

4. YOUR NEEDS

Cover wanted : ☐ Named perils ☐ Fully comprehensive ☐ Tailor-made ☐ Advise me

Policy type : ☐ Single trip ☐ Annual open policy ☐ Advise me

Options : ☐ Temperature-controlled ☐ Fairs and exhibitions ☐ War and strikes

Start date wanted : ☐ As soon as possible ☐ Within a month ☐ At my current renewal ☐ Later

Target budget : ..... € / year

Details, constraints or questions :

.....

5. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Terms of the current policy ☐ Claims history ☐ Sample invoice or consignment note ☐ Kbis extract (company registration)

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: ..... **Date:** .....

The policyholder
Signature

For ASSUDIRE use
Received on · adviser · study reference