

NAME OF INSURED _____ DATE: _____

ADDRESS: _____

CONTACT PERSON/TITEL: _____ PHONE #: _____ FAX #: _____

YOURS IN BUSINESS:

LIST OTHER AND INDICATE TYPE OF BUSINESS: _____

MEMBER OF CTPAT ? CITY: YES NO

APPROX. NUMBER OF CUSTOMERS: _____

APPROX. NUMBER FOR WHICH YOU PURCHASE INSURANCE: _____

DESCRIPTION OF GOODS (LIST SPECIALTY, IF ANY, AND TYPES OF HIGH VOLUME COMMODITIES OF EXISTING CLIENTS): _____

CITY:HOW VALUED ? IF OTHER THAN CIF + 10% INDICATE _____

	AIR		SEA		TRUCK/RAIL
ANNUAL VALUE OF IMPORT SHIPMENTS	_____ %		_____ %		_____ %
PERCENT OF THOSE INSURED	_____ %		_____ %		_____ %
ANNUAL VALUE OF SHIPMENTS	_____ %		_____ %		_____ %
PERCENT OF THOSE INSURED	_____ %		_____ %		_____ %
HIGHEST VALUE SHIPPED	_____ %		_____ %		_____ %

WHAT PERCENT OF SEA SHIPMENTS ARE IN FULL CONTAINER LOADS? _____ %

WHAT PERCENT OF SEA SHIPMENTS ARE LCL? _____ %

WHAT PERCENT OF SEA SHIPMENTS ARE NOT CONTAINERIZED?(BREAKBULK) _____ %

DESCRIBE PACKING: (I.E. USE 20' CONTAINERS, EACH PRESS IS BLOCKED & BRACED) _____

WHAT PERCENT OF GOODS ARE SHIPPED TO OR FROM THE FOLLOWING GEOGRAPHICAL AREAS?

FAR EAST, PACIFIC RIM, AUSTRALIA, AND NEW ZEALAND	_____ %
EUROPE (EXCLUDING FORMER USSR AND YUGOSLAVIAN COUNTRIES)	_____ %
FORMER U.S.S.R AND YUGOSLAVIAN COUNTRIES	_____ %
MIDDLE EAST (EXCLUDING IRAN, IRAQ, AND LEBANON)	_____ %
CARIBBEAN	_____ %
SOUTH AND CENTRAL AMERICA (EXCLUDING BOLIVIA & PARAGUAY)	_____ %
AFRICA (EXCLUDING WEST AFRICAN COUNTRIES, LIBYA, NIGERIA & ANGOLA)	_____ %
WEST AFRICAN COUNTRIES	_____ %
ALL OTHER COUNTRIES (EXCLUDING AFGHANISTAN)	_____ %

PLEASE PROVIDE DETAILS OF REGULAR SHIPMENTS, IF ANY, TO EXCLUDED COUNTRIES LISTED IN ITALICS

ARE THERE ANY SHIPMENTS NOT INVOLVING THE U.S.A.? YES NO

IF YES INDICATE: _____

LIMITS OF LIABILITY:

ANY ONE VESSEL:	\$	_____
ON DECK:	\$	_____
ANY ONE AIRCRAFT:	\$	_____
ANY ONE METAL BARGE OR ANY ONE TOW: (OTHER THAN AS A CONNECTING CONVEYANCE)	\$	_____
DOMESTIC TRUCK OR RAIL CAR:	\$	_____
ANY ONE PACKAGE (MAIL OR PARCEL POST):	\$	_____
BY COURIER:	\$	_____
ANY ONE PLACE/ANY ONE TIME	\$	_____

LIST ALL LOSSES (PAID OR OUTSTANDING CLAIMS) DURING THE LAST 3 POLICY YEARS:
