

APPLICANT:

FULL MAILING ADDRESS (INCLUDING ZIP/POST CODE WHERE AVAILABLE):

PHONE NUMBER: _____

EMAIL: _____

VESSEL NAME: _____

LENGTH: _____

WEB SITE ADDRESS: _____

CONTACT NAME: _____

YEARS IN BUSINESS: _____

APPLICANT BUSINESS (MANUFACTURER, RETAILER, WHOLESALER, FREIGHT FORWARD, ECT.):

AGENT BROKER: _____

PHONE NUMBER: _____

FAX NUMBER: _____

ADDRESS: _____

DATE DESIRED: _____

1. TOTAL ANNUAL VALUE OF SHIPMENTS (IMPORT OR EXPORT):

A. _____ \$ _____
PAST 12 MONTH

B. _____ \$ _____
ANTICIPATED

2. LIST MAJOR AREAS OF TRADE

COMMODITY	FROM -VIA- (PORT)	TO	APPROXIMATE ANNUAL VOLUME	% AIR CARGO	% INTERMODAL CONTAINERS

3. DESCRIBE FULLY THE PACKING USED FOR EACH COMMODITY (ATTACH PHOTOGRAPHS, IF POSSIBLE) AND LIST NAME AND TELEPHONE NUMBER OF CONTACT FOR PACKING SURVEY:

IF CONTAINERIZED:

- WHO PACKS CONTAINER (SHIPPER, CARRIER, OTHER)? _____
- ARE GOODS CONSOLIDATED WITH CARGO OF OTHER IN CONTAINERS? _____
- WHERE IS CONTAINER NORMALLY UNPACKED (DISCHARGE PORT, CONSIGNEE'S WAREHOUSE, OTHER)? _____

4. LOCATIONS AND LIMITS OF INSURANCE REQUIRED ON MERCHANDISE TEMPORARILY REMOVED FROM TRANSIT (EXCLUDING WHILE IN CARRIER CUSTODY). PLEASE SPECIFY PURPOSE OF SUCH REMOVAL FROM TRANSIT (E.G., TEMPORARY WAREHOUSING, CONSOLIDATION, REPACKAGING, PROCESSING, OR ASSEMBLY).

LOCATION, NAME & ADDRESS & ZIP CODE	PURPOSE	LIMIT DESIRED

5. SPECIFIC COVERAGES TO BE INCLUDED IN QUOTATION: _____

IMPORT DUTY: _____

FOB/FAS SHIPMENT COVERAGE: _____

WAR RISKS, STRIKES, RIOTS, AND CIVIL COMMOTION: _____

CONTINGENCY COVERAGE: _____

IF A MARINE INSURANCE POLICY IS PRESENTLY IN EFFECT, IT WILL NOT BE NECESSARY TO ANSWER THE BELOW LISTED QUESTIONS PROVIDED YOU SUPPLY US WITH:

- A. A COMPLETE COPY OF THE CURRENT POLICY AND RATE SCHEDULE
- B. A STATEMENT OF PREMIUMS (EXCLUDING WAR PREMIUM) AND LOSSES (INCLUDING PRINCIPAL CAUSE) PAID EACH YEAR DURING THE LAST FIVE (5) YEARS. PLEASE NOTE THE INSURING CONDITIONS, AND , IF A DEDUCTIBLE WAS APPLICABLE TO THE LOSSES, PLEASE NOTE WHETHER THE AMOUNTS INCLUDE THE DEDUCTIBLE AMOUNT.
- C. A NOTE (SEE PAGE 4) OR LETTER DESCRIBING THE CHANGES OR ADDITIONS YOU WOULD LIKE TO HAVE MADE.

6. TYPE OF GOODS OR MERCHANDISE TO BE INSURED (DESCRIBE FULLY:)

7. VALUE OF A SHIPPING PACKAGE

A. MAXIMUM \$ _____

B. AVERAGE \$ _____

B. MAXIMUM VALUE SHIPPED PER:

A. STEAMER (UNDER DECK) \$ _____

B. STEAMER (ON DECK) \$ _____

C. BARGE \$ _____

D. AIRCRAFT \$ _____

E. MAIL \$ _____

F. OTHER \$ _____

9. THE NORMAL VALUATION CLAUSE USED IN AN OPEN POLICY IS AS FOLLOWS:

"VALUED PREMIUM INCLUDE, AT AMOUNT OF INVOICE, INCLUDING ALL CHARGES IN THE INVOICE, AND INCLUDING PREPAID AND/OR ADVANCED AND/OR GUARANTEED FREIGHT, IF ANY, PLUS 10%."

IF THE ABOVE DOES NOT MEET YOUR REQUIREMENTS, PLEASE ADVISE THE FORMULA YOU WISH TO USE (PAGE 4).

10. HOW HAS YOUR INSURANCE BEEN HANDLED UP TO NOW:

A. INSURED THROUGH A FREIGHT FORWARDED: _____

B. INSURED BY CUSTOMER OR SUPPLIER: _____

C. OTHER (PLEASE EXPLAIN ON PAGE 5)

11. IN THE PAST FIVE YEARS, HAS YOUR OCEAN CARGO INSURANCE POLICY BEEN CANCELLED BY AN INSURANCE COMPANY? _____

REASON:

1. TOTAL ANNUAL VALUE OF SHIPMENTS BY LAND OR AIR WITHIN/BETWEEN, THE UNITED STATES AND OR CANADA.

A. \$ _____
(PAST 12 MONTHS)

B. \$ _____
(ANTICIPATED)

2. TOTAL ANNUAL VALUE OF SHIPMENTS BY LAND OR AIR WITHIN/BETWEEN FOREIGN COUNTRIES:

A. \$ _____
(PAST 12 MONTHS)

B. \$ _____
(ANTICIPATED)

WHAT PERCENTAGE IS ACTUALLY INSURED BY APPLICANT? % _____

3. VALUE OF A SHIPPING PACKAGE

A. MAXIMUM: \$ _____

B. AVERAGE: \$ _____

4. MAXIMUM VALUE SHIPPED PER"

A. TRUCK (COMMON CARRIER) \$ _____

B. TRUCK (OWNED VEHICLES) \$ _____

C. RAIL \$ _____

D. AIR \$ _____

E. MAIL/PARCEL POST \$ _____

F. PARCEL DELIVERY (FED EX, ECT.) \$ _____