

**Application for Ocean Cargo Insurance**

Applicant's Name:		Broker's Name:	
Address:		Address:  <div style="text-align: right;">Brokers No.</div>	
Producer's Name:		Tel. #	Fax #
Nature of Applicant's Business		# of years in business:	
Has Applicant had previous insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please advise the following:	
Name of current carrier?	# of years with current carrier?	Rates and Terms with current carrier?	
Reason for change?			
<b>Loss history over last three years</b>			
Year	Premiums Paid	Losses Paid	Losses Outstanding      Details
Insurance required for: <input type="checkbox"/> Imports <input type="checkbox"/> Exports <input type="checkbox"/> Both			
<b>List Products being shipped</b> (please attach any descriptive literature): Are Products: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Old			
<b>Nature of packing:</b> Are individual items packed in: <input type="checkbox"/> cartons <input type="checkbox"/> crates <input type="checkbox"/> drums <input type="checkbox"/> bales  If special wrapping, please describe: _____  Are containers used? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are containers: <input type="checkbox"/> Full <input type="checkbox"/> Consolidated <input type="checkbox"/> Reefer Are items professionally packed <input type="checkbox"/> Yes <input type="checkbox"/> No If No, who did packing? _____			

<b>Marks or advertising on cartons and/or cases:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please describe: _____		
Any special agreement with carriers which limit liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please describe: _____		
<b>Cargo</b>		
Countries of origin and destination:		
Point of origin:	Destination:	Approximate % of total:
Value of Insured Shipments per annum: \$		Currency:
Value by mode of transport:	by Sea \$	by Air \$ by Other \$
Limit required:	by Sea \$	by Air \$ by Other \$
Maximum value per package: \$	Per Shipment: \$	
Average value per shipment: \$		
Approximately what percentage of shipments require transshipment:		%
How do you value your cargo: Invoice + Freight +		
Do you wish to ensure duty and taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the average rate of duty paid on your imported cargo?		
What deductible do you require: <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other		
<b>Transit Protection Required:</b>		
<input type="checkbox"/> All Risk <input type="checkbox"/> Named Perils <input type="checkbox"/> Total Loss only		
<b>Other Protection Required:</b>		
<input type="checkbox"/> War <input type="checkbox"/> Strikes <input type="checkbox"/> Other special coverage (please describe)		
_____		
<b>Supplementary Cover</b>		
<b>Pure Domestic Inland Transit: (Independent from Ocean and Air Travel)</b>		
Geographical Limit: _____		
What mode of transport is used <input type="checkbox"/> Truck <input type="checkbox"/> Other (please describe):		
_____		
Are Trucks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased		
Are Common Carriers employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insured Values per annum: \$		Currency:
Limits Required:	by Truck \$	by Other \$
<b>Domestic Transit Protection Desired:</b>		
<input type="checkbox"/> All Risk <input type="checkbox"/> Named Perils <input type="checkbox"/> Total Loss Only		
What deductible do you require? <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other		
<b>Additional Information:</b>		
_____		
_____		
_____		
_____		

This application does not bind the applicant or the company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date