World Marine Insurance Services

Phone: (305) 776-6736 Fax: (786) 522-9011

APPLICATION FOR OPEN CARGO POLICY

Applicant's Name: _____
Address _____
City & State_____**Zip Code**_____ **Email:**_____

Business of Insured: ( ) Manufacturer ( ) Retailer ( ) Wholesaler ( ) Distributor ( ) Other
Description of Goods to be Covered: _____
_____

Type of Packing: ( ) Wooden Cases ( ) Cartons ( ) Bales ( ) Drums ( ) Container ( ) Bulk
( ) Palletized ( ) Shrink-wrapped ( ) Bags, Type and Ply_____

Container Service_____**% Contemplated.**
Please check Method of Container Service: Door to Door_____ **Pier to Door**_____ **Pier to Pier**_____

Terms of Coverage: ( ) All Risk ( ) Other Terms (Specify)_____

Desired Deductible Amount: $_____ **Percentage** _____**%**
(Current Deductible if different than above)_____
Geographic Scope: ( ) Import ( ) Export ( ) World to World ( ) Other Specify_____
Principal Trading Areas (Name Countries) and Terms of Sales:

From	Via (Port)	To	Terms of Sale	Estimated Annual Volume (Indicate % Insured)

Basis of Valuation: Invoice Cost plus Freight Plus _____ **% Other (Specify)**_____

Average Value Per Shipment: _____ **Maximum Value Per Shipment:** _____

Limits of Liability Required: Any One Vessel_____ **Aircraft**_____
Foreign Parcel Post/FedEx/UPS (Per Package)_____**Any One Barge/Tow**_____

Estimated Annual Volume of Shipments: _____ **Annual Gross Sales:** _____

Current Insurance Carrier: _____ **Has Present Carrier Requested Replacement of**
Coverage/ Given Notice of Cancellation? Yes_____ **No**_____

If No Cargo Policy in Force, How Has Your Insurance Been Handled Up to Now:
 A. Insured Through a Freight Forwarder ( )
 B. Insured By Customer or Supplier ( )

C. Other (   ) Please Explain:_____
_____
_____

Premium and Loss Experience for Past Five (5) Years (All coverage's requested):

Year	Premium	Paid Losses	Outstanding Losses	Recoveries	Principal Cause of Loss	# of Claims
____	_____	_____	_____	_____	_____	_____
____	_____	_____	_____	_____	_____	_____
____	_____	_____	_____	_____	_____	_____
____	_____	_____	_____	_____	_____	_____
____	_____	_____	_____	_____	_____	_____

Does the above Premium and Loss Experience include War, Domestic or Foreign Transit or Warehouse/Processing Premium? Yes_____   No_____

Additional Coverages To Be Included In Quotation: ( ) War, Strikes, Riots &Civil Commotions ( ) Duty ( ) Contingent Interest (   ) FOB/FAS (   ) Increased Value/D.I.C. ( ) Domestic Inland Transit ( ) Domestic /Foreign Warehouse Coverage (   ) Domestic/Foreign Processors ( ) Other
_____

Description of Domestic Inland Transit Operations (If Coverage Requested):

GeographicLimits:_____
Average Value per Shipment:_____ **Maximum Value Per Shipment:**_____
Limits Required: _____ **Estimated Annual Volume:**_____
Valuation:_____ **Modes of Transit: Rail**____ **% Common Carrier** _____**%**
Owned Truck_____**% Air**_____**%   Describe Packing:**_____
Shipment Security (Seals, Locks, Alarms etc.)_____
Inland Transit Losses:_____
_____

Description of Domestic /Foreign Warehouse/Processing Operations (If Coverage Requested):

KEY - Insert   W - Warehouse Location, P - Processing Location

IMPORTANT Location Information   *Cons/Prot. (Request for each Named Location - Provide Construction, Protection and Sprinklered or Non Sprinklered location information)

Location :Name, Address Zip Code, Country	Average Monthly Value	Maximum Monthly Value	Location Const./ Protect*	Required Limit	Key W or P	Commodity Type
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

_____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____

Additional Locations can be attached on Separate Sheet.
Unnamed Location Coverage Required ? Yes_____ No_____ Requested Limit_____
Are Any of These Locations Owned and/or Operated by the Applicant? Yes_____ No_____
Please indicate Owned Locations above by adding 0 to the Key Column.

Is the Applicant and all their business partners aware of the United States and Foreign Countries restrictive laws and regulations? Do they have an OFAC compliance program in place? Yes ___ or No___

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Applicant:_____

Anticipated Attachment Date :_____