

APPLICATION FOR SINGLE SHIPMENT CARGO INSURANCE

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

Business of Insured: ☐ Manufacturer ☐ Retailer ☐ Wholesaler ☐ Distributor ☐ Other

Description of Applicants
Operations: _____

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:

Name Countries from which Goods will be shipped : (include Port Name)

Name Countries to which Goods will be shipped : (Include Port Name)

Terms of Sale: _____

Name of Shipping Line/Airline: _____ Name of Vessel: _____

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

Limit of Liability Required:

Vessel _____

Aircraft _____

Single Barge/Tow _____

Domestic Inland Transit _____

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

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 for the single shipment above required):

Geographical scope of coverage

required: _____

Modes of Transit: Rail _____ % Common Carrier _____ % Owned Truck _____ % Air _____ %

Describe Packing: _____

Shipment Security (Seals, Locks, Alarms etc.) _____

Description of Domestic /Foreign Warehouse/Processing Operations (If coverage for the single shipment above required):

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 <u>Zip Code, Country</u>	Length of time for Storage of shipment	Const./ Protect*	Required Limit	Key <u>W or P</u>	Commodity <u>Type</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 :_____