



OCEAN CARGO APPLICATION

ASSURED NAME: _____

ADDRESS: _____

POLICY EFFECTIVE DATE: _____

NATURE OF BUSINESS: _____

DESCRIPTION OF PRODUCTS SHIPPED: _____

DESCRIPTION OF PACKAGING: _____

PERCENTAGE OF SHIPMENTS IN FULL CONTAINER LOADS: _____

WEBSITE ADDRESS: _____

ANNUAL SALES:	FOREIGN	DOMESTIC
Current Year (Projection):	_____	_____

ANNUAL INTERNATIONAL VALUES (shipments Worldwide other than within the 48 contiguous states of the United States)

	<u>AT ASSURED'S RISK</u>	<u>AT RISK OF OTHERS (Contingent)</u>
INCOMING:	\$ _____	\$ _____
OUTGOING:	\$ _____	\$ _____
INTER-COMPANY:	\$ _____	\$ _____
% Vessel: _____		
% Air: _____		
% Barge: _____		
% Other (describe): _____		
% Fed Ex, UPS, DHL or similar: _____		
SHIPPING POINTS OF ORIGIN: _____		
SHIPPING POINTS OF DESTINATION: _____		
DEDUCTIBLE REQUESTED: _____		
VALUE PER CONVEYANCE (average / maximum):		
VESSEL \$ _____ / _____	FED EX, UPS, DHL OR SIMILAR \$ _____ / _____	
AIR \$ _____ / _____	TRUCK/RAILCAR \$ _____ / _____	
BARGE \$ _____ / _____	OWNED/LEASED VEHICLE \$ _____ / _____	
VALUATION:		
Invoice value including all charges, plus freight, plus 10%		
Other (describe): _____		



ANNUAL DOMESTIC VALUES (shipments within the 48 contiguous states of the United States)

	<u>AT ASSURED'S RISK</u>	<u>AT RISK OF OTHERS (Contingent)</u>
INCOMING:	\$ _____	\$ _____
OUTGOING:	\$ _____	\$ _____
INTER-COMPANY:	\$ _____	\$ _____

% Common Carrier (land): _____
 % Common Carrier (air): _____
 % Owned/Leased Vehicles: _____
 % Fed Ex, UPS, DHL or similar: _____

DEDUCTIBLE REQUESTED: _____

VALUE PER CONVEYANCE (average / maximum):

VESSEL \$ _____ / _____	FED EX, UPS, DHL OR SIMILAR \$ _____ / _____
AIR \$ _____ / _____	TRUCK/AIR/RAILCAR \$ _____ / _____
BARGE \$ _____ / _____	OWNED/LEASED VEHICLES \$ _____ / _____

VALUATION:
 Invoice value including all charges, plus freight, plus 10%
 Other (describe): _____

<u>EXHIBITION</u> (if applicable)	<u># FOREIGN</u>	<u>MAXIMUM VALUE</u>	<u># DOMESTIC</u>	<u>MAXIMUM VALUE</u>
_____	_____	_____	_____	_____

CURRENT INSURER: _____ HOW LONG: _____
 PRIOR INSURER: _____ HOW LONG: _____

LOSS EXPERIENCE (ATTACH 5 YEAR LOSS HISTORY OR COMPLETE THE FOLLOWING):

YEAR	PREMIUM	LOSSES	LOSS DETAIL

OTHER

Has any insurer declined or cancelled your cargo insurance? _____
 Any additional information related to this specific risk? _____

STORAGE LOCATION INFORMATION

PLEASE COMPLETE AS MUCH AS POSSIBLE ON EACH LOCATION TO BE COVERED OR SUBMIT STATEMENT OF VALUES (excel)

LIMIT REQUESTED:

AVERAGE MONTHLY VALUES AT THIS LOCATION:

LOCATION ADDRESS:

- AGE OF BUILDING:
OWNED?
- BUILDING CONSTRUCTION (i.e. frame, tilt up concrete, concrete, etc.):
- FIRE PROTECTION:
IS THE BUILDING SPRINKLERED?
DISTANCE TO FIRE STATION:
- FLOOD
IS THE BUILDING IN A FLOOD PLAIN?
- SECURITY:
TYPE OF ALARM SYSTEM:
24-HOUR SECURITY GUARDS?

LIMIT REQUESTED:

AVERAGE MONTHLY VALUES AT THIS LOCATION:

LOCATION ADDRESS:

- AGE OF BUILDING:
OWNED?
- BUILDING CONSTRUCTION:
- FIRE PROTECTION:
IS THE BUILDING SPRINKLERED?
DISTANCE TO FIRE STATION:
- FLOOD
IS THE BUILDING IN A FLOOD PLAIN?
- SECURITY:
TYPE OF ALARM SYSTEM:
24-HOUR SECURITY GUARDS?

DECLARATION:

I/We declare that the information and answers given in this application are correct and true to the best of our knowledge, and I/we have not misstated or suppressed any material facts that may influence the assessment of the risk. I/We also understand that completion of this form does not bind the applicant to accept quotation or insurers to accept the risk.

APPLICANT SIGNATURE: _____ DATE: _____