

INSURED DETAILS

Primary Insured Name:
Additional Insured Names:

Mailing Address:

| | | | |
|----------|--|-------|--|
| | | | |
| | | | |
| | | State | |
| City: | | ZIP: | |
| Country: | | | |

BUSINESS DETAILS

Description of Insured's Business:

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Is this a start-up business? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is the Insured a freight forwarder, customs broker and/or a logistics company? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do all shipments originate from or are destined to United States and/or Canada? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Commodity to be Shipped:

| | Commodity | Percentage | |
|----|-----------|------------|---|
| 1. | | | % |
| 2. | | | % |
| 3. | | | % |
| 4. | | | % |
| 5. | | | % |

Are the Insured's shipments principally vessel containerized and/or air shipments? Yes No

If No, Please provide more packing details:

Breakdown of shipments: % Ocean vessel % Air

Are any goods and/or merchandise being shipped via barge? Yes No

If Yes, Please provide details of barge exposure:

Confirm standard policy valuation of Cost Insurance Freight + 10% (CIF + 10%) is acceptable: Yes No

If No, please select required Valuation (Selling Price or Other)

TURNOVER & LIMITS

Estimated Value of Annual **Sales** (if Selling Price requested):
Estimated Value of Annual **Shipments**:
Required **Limit** for any one conveyance:
Estimated **average value** shipped for any one conveyance:
Required **Deductible** for any one conveyance:
How many shipments are anticipated in a 12 month period?

| | |
|----|--|
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| | |

GEOGRAPHY

Breakdown of Import/Export: % Import % Export

Breakdown of Trading Areas:

| Regions | Import % | Export % |
|--|-------------|-------------|
| USA, Canada, Western Europe (incl. Norway, Sweden, Finland, Denmark) | | |
| Eastern Europe, CIS Countries, Middle East | | |
| Far East (excl. Indonesia, Philippines, Pacific Isles, India) | | |
| Rest of Asia, Indonesia, Philippines, Pacific Isles, India | | |
| South America, West Indies | | |
| Mexico, Central America, Africa | | |
| Australia, New Zealand | | |
| Total | 100% | 100% |

Please state the specific countries the Insured ships from/to:

INSURANCE HISTORY

Does the Insured currently maintain an Ocean Cargo policy?

Has the Insured maintained an insurance policy for at least 3 years?

Current Insurance Carrier and current rate:

Has the Insured sustained any Ocean Cargo losses (insured or not) in the last 3 years?

Was any single claim greater than \$5,000 or were the accumulated claims in any 12 month period in excess of \$10,000?

Please provide full details of all claims including loss runs and any other relevant documentation.