

**INSURED DETAILS**

Primary Insured Name:  
Additional Insured Names:

Mailing Address:

City:		State	
Country:		ZIP:	

**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		
<b>Total</b>	<b>100%</b>	<b>100%</b>

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.

**BUSINESS DETAILS**

Do you source or distribute goods within Canada and/or the US with a final destination in Canada or the US (Domestic Transit Insurance)?  Yes  No

Are the commodities to be covered under the Domestic Transit section the same as the Ocean Cargo Section?  Yes  No

If No, Please provide a breakdown of the commodities to be shipped.

Commodity to be Shipped:

	Commodity	Percentage	
1.			%
2.			%
3.			%

Conveyance used:  % Truckers  % Air  
 % Rail  % Owned/Leased Vehicle

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

If Yes, Please provide details of barge exposure:

**TURNOVER & LIMITS**

Estimated Value of Annual Domestic **Shipments**: \$   
 Required **Limit** for any one conveyance: \$   
 Estimated **average value** shipped for any one conveyance: \$   
 Required **Deductible**: \$

Current Insurance Carrier and current rate:

Has the Insured sustained any Domestic Transit 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.

Do you have goods stored in **Warehouses** after the voyage has ceased?

Yes  No

**WAREHOUSE #: 1**

Address:

Country:			
City:			
State:		Zip:	

Construction Type:  
(Select One)

<input type="checkbox"/> Frame	<input type="checkbox"/> Non-Combustible
<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Fire Resistive

Is the premises sprinklered?

Yes  No

Are there burglar alarms fitted?

Yes  No

Are the burglar alarms monitored by a central station?

Yes  No

**LIMITS**

**Maximum** Limit of Liability

\$

**Average** Limit of Liability

\$

Required **Deductible:**

\$

Natural Perils Extension Endorsement Requested?

Yes  No

**WAREHOUSE #: 2**

Address:

Country:			
City:			
State:		Zip:	

Construction Type:  
(Select One)

<input type="checkbox"/> Frame	<input type="checkbox"/> Non-Combustible
<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Fire Resistive

Is the premises sprinklered?

Yes  No

Are there burglar alarms fitted?

Yes  No

Are the burglar alarms monitored by a central station?

Yes  No

**LIMITS**

**Maximum** Limit of Liability

\$

**Average** Limit of Liability

\$

Required **Deductible:**

\$

Natural Perils Extension Endorsement Requested?

Yes  No

**WAREHOUSE #: 3**

Address:

Country:			
City:			
State:		Zip:	

Construction Type:  
(Select One)

Frame  
 Joisted Masonry

Non-Combustible  
 Fire Resistant

Is the premises sprinklered?

Yes  No

Are there burglar alarms fitted?

Yes  No

Are the burglar alarms monitored by a central station?

Yes  No

**LIMITS**

**Maximum** Limit of Liability

\$

**Average** Limit of Liability

\$

Required **Deductible:**

Natural Perils Extension Endorsement Requested?

Yes  No

Current Insurance Carrier and current rate:

Has the Insured sustained any warehouse 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.