

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? Yes No

Is the Insured a freight forwarder, customs broker and/or a logistics company? Yes No

Do all shipments originate from or are destined to United States and/or Canada? Yes No

Commodity to be Shipped:

	Commodity	Percentage	
1.	<input type="text"/>	<input type="text"/>	%
2.	<input type="text"/>	<input type="text"/>	%
3.	<input type="text"/>	<input type="text"/>	%
4.	<input type="text"/>	<input type="text"/>	%
5.	<input type="text"/>	<input type="text"/>	%

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.

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)

Frame
 Joisted Masonry

Non-Combustible
 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)

Frame
 Joisted Masonry

Non-Combustible
 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.