

CARGO INSURANCE APPLICATION

Company		Lender Loss Payee (if required)	
Street Address			
City	State	Zip	
Contact Person		Title	
Phone	Fax	Email	
Number of years in this trade		Nature of Business	

Specific Commodities to be Insured

A) INTERNATIONAL COVERAGES (IMPORT & EXPORT)

Basis of Valuation Commonly Quoted at CIF + 10%, Please Specify

<i>FROM (COUNTRY)</i>	<i>TO (COUNTRY)</i>	<i>ESTIMATED ANNUAL \$ VOLUME</i>

_____ % Shipped via Aircraft

_____ % Shipped via Vessel

_____ % Shipped via Truck/Train (Canada or Mexico)

_____ % Shipped via U.S. Postal Service Mail OR Any Express Carrier (UPS, Fed Ex, DHL, etc.)

Percentage of ocean shipments shipped in cargo freight containers	%
Percentage of containerized ocean shipments shipped Full Container Load (FCL)	%

Maximum Limit Required per Conveyance (any one vessel, aircraft, truck, etc.)	\$
Average Value any one Conveyance	\$

Specific Packing Description (e.g. cardboard boxes, pallets, shrink wrap, wooden crates, refrigerated, etc.)

Coverage Type (Choose One)

Warehouse to Warehouse	Port to Port	Port to Warehouse	Warehouse to Port
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Current Marine Deductible \$ _____

Quote at other Deductible(s) \$ _____

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B) DOMESTIC COVERAGES (DOMESTIC MARINE)

In addition to International Coverages (section A), is Domestic Coverage also required? Yes No*

*If No, Skip to Section C

Basis of Valuation will be quoted CIF+10% OR specify %

- _____ % Shipped via Aircraft
- _____ % Shipped via Rail
- _____ % Shipped via Common Carrier Truck
- _____ % Shipped via Express Carrier (UPS, FedEx, DHL, USPS)
- _____ % Other _____

Anticipated Annual Volume	\$
Maximum Limit Required per Conveyance (any one aircraft, train, truck, etc.)	\$
Average Value any one Conveyance	\$

C) WAREHOUSE COVERAGE

Do you require Warehouse Coverage? Yes* No

*If Yes we will contact you for more information, If No, Skip to Section D

D) LOSS HISTORY

Has your Cargo Insurance Policy ever been canceled? Yes* No

*If Yes, please explain _____

Year	Gross Losses	Value Covered	Deductible Paid	Payments Recieved	Any Pending	
2016	\$	\$	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2015	\$	\$	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2014	\$	\$	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2013	\$	\$	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2012	\$	\$	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Remarks/Explanation of Claims Cited

Who are your Current Insurers _____

Expiration Date of Current Policy or Requested Start Date _____

Do you require Certificates of Insurance? Yes No

Signature _____ Title _____ Date _____