



Ocean Cargo Application

Section 1 - Applicant Information

Date of Application: _____ Proposed Effective Date: _____

	APPLICANT	PRODUCER
Company Name		
Address		
Telephone Number		
Email		
Website		
Contact	Name: _____ Phone #: _____ Email: _____	

1. Describe the applicant's business: _____

2. List all operation names and subsidiaries: _____

If applicant is a subsidiary, advise parent company: _____

3. Has the applicant operated under another company name(s) in the past 5 years? Yes No
If "Yes", advise other company name(s); _____

4. Number of years in business? _____

5. How many years has the Producer controlled the account? _____

6. Who is your current insurance Carrier? _____ How many consecutive years? _____

7. Has any policy of coverage ever been cancelled or non-renewed? Yes No
If "Yes", please explain: _____

8. Has the applicant, any predecessor or any principals declared bankruptcy in the past 5 years? Yes No
If "Yes", please explain: _____

Section 2 – Ocean Cargo Coverage

1. Please provide a breakdown of the goods and/or merchandise to be shipped (detailed description of goods and/or merchandise): _____

2. Are the good and/or merchandise insured new, used and/or refurbished "like new": _____

3. Are shipments principally moved by ocean vessel? Yes No

If "Yes", are shipments containerized? Yes No

If "No", please provide details: _____

4. Are shipments principally moved by aircraft? Yes No

If "Yes", please describe packaging method (i.e. carton, crated, palletized, etc.): _____

5. Who packs the shipments? (i.e. shipper, third party packer, etc.): _____

6. Where are the shipments normally unpacked? (i.e. discharge port, consignee's warehouse etc.): _____

7. Insuring Conditions

All Risks Free of Particular Average

8. Special Conditions

SR&CC FOB/FAS Domestic Inland Transit

War Risk Contingent Interest Foreign Inland Transit (attach list of countries)

Increased Value Warehouse Coverage

Other: _____

Section 3 - Conveyances

1. Please provide a breakdown: Vessel: _____% Aircraft: _____% Barge: _____% Other: _____%

2. If any goods and/or merchandise are being shipped via barge. please provide details: _____

Section 4 - Valuation, Turnover and Limits

1. Standard policy valuation is Cost + Insurance + Freight + 10% (CIF + 10%)? Yes No

Enter requested valuation (if different from standard valuation): _____

	Prior 12 Months	Current 12 Months	Next 12 Months
Total Annual Gross Sales			
Total Annual Shipment Values			

2. Please provide the percentage of estimated annual shipments for which the applicant is responsible for insuring: _____
3. Terms of Sale: Cost, Insurance, Freight: _____% Free on Board/Free Alongside: _____% Other: _____%
4. Contingent values: Are there shipment values that primary coverage is to be supplied by third party but Assured requires contingency coverage? Yes No If "Yes", Annual Values: _____
5. Limits of Insurance
 \$ _____ By any one Vessel \$ _____ By any one Railroad
 \$ _____ By any one Vessel on deck \$ _____ By any one Barge
 \$ _____ By any one Aircraft \$ _____ Registered or Government Insured Parcel Post
 \$ _____ By any one Truck
6. Requested Deductible: \$2,500 \$5,000 Other _____
7. Shipment Type:
 Containerized: _____% Ro/Ro: _____% Bulk: _____% Breakbulk: _____% Oversize: _____% Other: _____%
8. Average values: Per package: _____ Per container: _____ Per shipment: _____
9. Maximum Values: Per package: _____ Per container: _____ Per shipment: _____
10. Number of shipments anticipated in a 12-month period: _____
11. Additional Information: _____

Section 5 - Trade Route

Please list countries where goods and/or merchandise are being imported/exported:

From:	To:	Percentage

Section 6 – Domestic Transit

1. Do you require domestic transit between/within the continental US and/or Canada? Yes No
2. Are the good and/or merchandise to be covered under the domestic transit section, the same as the ocean cargo section
 Yes No If "No", please provide details: _____

	Prior 12 Months	Current 12 Months	Next 12 Months
Total Annual Gross Sales			

3. Please provide the percentage of estimated annual shipments for which the applicant is responsible for insuring: _____%
4. Please indicate the Maximum value of any one shipment: \$ _____
5. Please indicate the Average Value of any one shipment: \$ _____
6. Types of conveyance used:
- Third Party Truck: _____% Barge: _____% FedEx/UPS/Other: _____%
- Aircraft: _____% Rail: _____% Owned/Leased Vehicle: _____%

Section 7 – Warehouse Storage

1. Do you require coverage for the insured goods and/or merchandise while in storage? Yes No

LOCATION	ADDRESS	CONST/COPE	YEAR BUILT	SPRINKLER	ALARM
Name: _____ Limit: _____ Average: _____ Owned Leased	_____ _____ _____ _____			Wet Dry None	Central Burglar Smoke or Fire
Name: _____ Limit: _____ Average: _____ Owned Leased	_____ _____ _____ _____			Wet Dry None	Central Burglar Smoke for Fire
Name: _____ Limit: _____ Average: _____ Owned Leased	_____ _____ _____ _____			Wet Dry None	Central Burglar Smoke or Fire

2. Requested deductible: \$ _____

Section 8 – Loss History

	Premium	Paid Losses	Outstanding Losses
Current Year			
Previous 12 months			
Previous 12 months			
Previous 12 months			
Previous 12 months			

Describe Principal Kind of Loss (specify major losses):
Describe Countries involved in losses

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

APPLICANT'S STATEMENT: I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____