



APPLICATION FOR OPEN CARGO POLICY

Applicant's Name: _____

Address _____

City & State _____ Zip Code _____

Business of Insured: () Manufacturer () Retailer () Wholesaler () Distributor () Other

Description of Goods to be Covered: _____

Type of Packing: () Wooden Cases () Cartons () Bales () Drums () Container () Bulk
() Palletized () Shrink-wrapped () Bags, Type and Ply _____

Container Service _____ % Contemplated.

Please check Method of Container Service: Door to Door _____ Pier to Door _____ Pier to Pier _____

Terms of Coverage: () All Risk () Other Terms (Specify) _____

Desired Deductible Amount: \$ _____ Percentage _____ %
(Current Deductible if different than above) _____

Geographic Scope: () Import () Export () World to World () Other Specify _____

Principal Trading Areas (Name Countries) and Terms of Sales:

From	Via (Port)	To	Terms of Sale	Estimated Annual Volume (Indicate % Insured)

Basis of Valuation: Invoice Cost plus Freight Plus _____ % Other (Specify) _____

Average Value Per Shipment: _____ Maximum Value Per Shipment: _____

Limits of Liability Required: Any One Vessel _____ Aircraft _____

Foreign Parcel Post/FedEx/UPS (Per Package) _____ Any One Barge/Tow _____

Estimated Annual Volume of Shipments: _____ Annual Gross Sales: _____

Current Insurance Carrier: _____ Has Present Carrier Requested Replacement of Coverage/ Given Notice of Cancellation? Yes _____ No _____

If No Cargo Policy in Force, How Has Your Insurance Been Handled Up to Now:

A. Insured Through a Freight Forwarder ()

B. Insured By Customer or Supplier ()

C. Other () Please Explain: _____

Marine Premium and Loss Experience for Past Five (5) Years:

Year	Premium	Paid Losses	Outstanding Losses	Recoveries	Principal Cause of Loss	# of Claims
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Does the above Premium include any Annual Warehouse Premium? Yes_____ No_____

Additional Coverages To Be Included In Quotation: () War, Strikes, Riots & Civil Commotions () Duty
() Contingent Interest () FOB/FAS () Increased Value/D.I.C. () Domestic Inland Transit
() Domestic /Foreign Warehouse Coverage () Domestic/Foreign Processors () Other

Description of Domestic Inland Transit Operations (If Coverage Requested):

Geographic Limits: _____
Average Value per Shipment: _____ Maximum Value Per Shipment: _____
Limits Required: _____ Estimated Annual Volume: _____
Valuation: _____ Modes of Transit: Rail _____ % Common Carrier _____ %
Owned Truck _____ % Air _____ % Describe Packing: _____
Shipment Security (Seals, Locks, Alarms etc.) _____
Inland Transit Losses: _____

Description of Domestic /Foreign Warehouse/Processing Operations (If Coverage Requested):

<u>Location (Name & Address)</u>	<u>Average Monthly Value</u>	<u>Maximum Value</u>	<u>Limit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Unnamed Location Coverage Required ? Yes_____ No_____ Requested Limit _____

Are Any of These Locations Owned and/or Operated by the Applicant? Yes_____ No_____

Anticipated Attachment Date : _____

Producer: _____ Date of Application: _____

Address: _____

City & State: _____

Producer Code # _____