

SUN COAST GENERAL INSURANCE

Marine Department

P. O. Box 31057

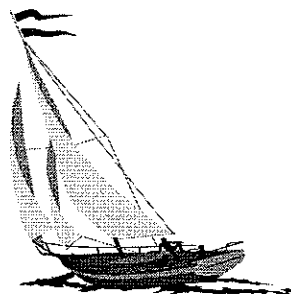
Laguna Hills, CA 92654

Phone (949) 768-1132 x 290

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License # 0691052

jrblume@suncoastinsurance.com



Application - Single Shipment Cargo Insurance

Applicant's Name: _____

Address: _____

City & State: _____ **Zip Code:** _____

Description of Goods to be Covered: _____

Type of Packing: () Wooden Cases () Cartons () Bales () Drums () Container () Bulk
() Palletized () Shrink Wrapped () Bags, Type & Ply _____

Method of Shipment: Door to Door _____ Pier to Door _____ Pier to Pier _____

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

Desired Deductible Amount: \$ _____ **Percentage:** _____

Voyage - From: _____ **To:** _____

Shipping Line / Airline: _____ **Name of Vessel:** _____

Description of Inland Shipping (if any): _____

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

Value of Shipment: \$ _____

Applicant: _____ **Agent:** _____

Date: _____