



APPLICATION FOR OPEN CARGO POLICY

Applicant's Name: _____

Address _____

City & State _____ Zip Code _____ Email: _____

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)
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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: _____

Premium and Loss Experience for Past Five (5) Years (All coverage's requested):

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

Does the above Premium and Loss Experience include War, Domestic or Foreign Transit or Warehouse/Processing 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):

KEY - Insert W - Warehouse Location, P - Processing Location

IMPORTANT Location Information *Cons/Prot. (Request for each Named Location - Provide Construction, Protection and Sprinklered or Non Sprinklered location information)

Location :Name, Address Zip Code, Country	Average Monthly Value	Maximum Monthly Value	Location Const./ Protect*	Required Limit	Key W or P	Commodity Type
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Additional Locations can be attached on Separate Sheet.

Unnamed Location Coverage Required ? Yes _____ No _____ Requested Limit _____

Are Any of These Locations Owned and/or Operated by the Applicant? Yes _____ No _____

Please indicate Owned Locations above by adding 0 to the Key Column.

Is the Applicant and all their business partners aware of the United States and Foreign Countries restrictive laws and regulations? Do they have an OFAC compliance program in place? Yes ___ or No ___

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Applicant: _____

Anticipated Attachment Date : _____