

OPEN OCEAN CARGO APPLICATION

Name of Applicant: _____

Address: _____ Phone: _____

Goods (Describe, listing in order of importance as to total annual value shipped, state whether exports or imports, by "ex" or "im".)

Goods Shipped ("ex" "im".)	Annual Total Shipped	Insured Shipments by Applicant
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____

Packing Describe applicable packing, i.e. wooden cases, meaning full enclosure by wood; wooden crates meaning skeleton type case not providing full enclosure; cartons and whether fiberboard or corrugated; is steel strapping provided; bags, type used such as burlap, paper and number of ply; steel drums; wood kegs, fiberboard drums; lift van type cargo container, if so, type of shipping package in interior of container.

Briefly outline Assureds operations:

Conveyances used (check which) and limits required:

Vessel \$ _____; Aircraft \$ _____; Mail (Per Pkg) \$ _____;
Barge \$ _____; Domestic Inland: \$ _____

Assume goods customarily stowed under deck unless otherwise indicated below.

List Countries to (or from) which insured shipments by applicant are made, showing approximate % of total volume for each:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Principal U.S. Ports Used? _____

% of insured shipments made by container or ships _____%

Are containers used "door to door"? (state otherwise) _____

Are carriers instructed to stow containers underdeck? _____

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List principal container carriers. _____

Insured Valuation Required: Invoice and charges, plus freight; plus _____%.

Average insured value per shipping package \$ _____; per shipment \$ _____

If via aircraft, state % of invoice value declared to air carriers for carriage _____%

Type of coverage required All Risk, F.P.A. Theft and/or Non Delivery
Other (Describe) _____

Special Conditions required:

Exhibition/Trade Show Increased Value Indirect Air Legal Liability NVOCC
 Processing Profit Sharing Warehouse (Give locations/limits/deductible needed at each location)

How has marine insurance been effected before? (Name Ins. Carrier, Broker, Agent, and Freight Forwarder, giving conditions and rates where known) _____

Has present insurance carrier requested replacement? _____, given notice of cancellation? _____

Marine Premium and loss record summary for each calendar year for last 5 years. (Attach Company details of all cargo losses for last 5 years.)

Year	Premium	Losses (Incl. Outstanding)
20_____	_____	_____
20_____	_____	_____
20_____	_____	_____
20_____	_____	_____
20_____	_____	_____

Most losses occurred to (or from) _____ Of
above, approximately how much is annual warehouse premium? _____

Anticipated attachment date _____

Please use additional sheets if necessary.

Agent or Broker _____

Address _____

Date: _____