



## APPLICATION FOR OCEAN CARGO COVERAGE

### ACCOUNT INFORMATION

1. Name of Account: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Proposed Effective Date: \_\_\_\_\_

3. (a) Description of Operations: \_\_\_\_\_

(b) Experience in Overseas Shipping: \_\_\_\_\_

4. Goods or Commodity Shipped (describe any and all goods to be shipped including incidental shipments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Packaging details (a) describe interior packaging as well as shipping packages used, whether wooden cases, cardboard cartons, crates, barrels, kegs, plastic/steel drums, etc., and:

(b) details of specific safeguards against theft, pilferage, breakage, water damage, leakage or other damage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Estimated annual value of insurable shipments: \$ \_\_\_\_\_

6. Estimated annual foreign sales: \$ \_\_\_\_\_

7. Estimated percentage of shipments by Vessel: \_\_\_\_\_%; Barge: \_\_\_\_\_%; Air: \_\_\_\_\_%; Parcel Post: \_\_\_\_\_%

8. Estimated percentage of Intermodal Containerized shipments: Door To Door \_\_\_\_\_%; Port to Port \_\_\_\_\_%; Other \_\_\_\_\_%; Who handles the Intermodal Containers? \_\_\_\_\_

9. Special Handling, Equipment or Containers: Refrigerated \_\_\_\_\_%, Vented \_\_\_\_\_%, Open Top \_\_\_\_\_%, Tank \_\_\_\_\_%  
Palletized/Unitized \_\_\_\_\_%, Other (Describe and %) \_\_\_\_\_

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10. Geographical Limits: (Please indicate by percentage)

Europe	_____%	Caribbean	_____%
Mediterranean	_____%	Central America & Mexico	_____%
South America	_____%	Middle East	_____%
Indian Ocean/SE Asia	_____%	Far East	_____%
Africa	_____%	Former E.Block/ USSR	_____%

**LIMITS/DEDUCTIBLE**

- |                |          |                      |          |
|----------------|----------|----------------------|----------|
| 1. Under Deck: | \$ _____ | 4. Foreign Overland: | \$ _____ |
| 2. On Deck:    | \$ _____ | 5. Barge:            | \$ _____ |
| 3. Air:        | \$ _____ | 6. Parcel Post:      | \$ _____ |
| 7. Domestic:   | \$ _____ |                      |          |

Deductible \$ \_\_\_\_\_

**VALUATION/TERMS OF SALE/BILL OF LADING**

Valuation:

Cost, Insurance, Freight (CIF) plus 10% (Standard); or Other: \_\_\_\_\_

Terms of Sale:

Cost , Insurance, Freight (CIF) \_\_\_\_\_%; Cost and Freight (C&F) \_\_\_\_\_%;  
 Free on Board/Free Along Side ( FOB/FAS) (where) \_\_\_\_\_ %  
 Ex Point of Origin (where) \_\_\_\_\_ %

Bill of Lading: (Describe the bill of Lading used for overseas shipments on various conveyances)

Vessel	___ Full	___ Released	\$ _____ per _____	(pound or other)
Air	___ Full	___ Released	\$ _____ per _____	(pound or other)
Truck	___ Full	___ Released	\$ _____ per _____	(pound or other)
Rail	___ Full	___ Released	\$ _____ per _____	(pound or other)

**DOMESTIC TRANSIT**

- How are shipments transported from warehouse to port? Domestically: Rail \_\_\_%; Truck \_\_\_%  
 Other \_\_\_%; and Foreign: Rail \_\_\_%; Truck \_\_\_%; Other \_\_\_%
- Type of Carrier? Owned Vehicles \_\_\_%; Common Carrier \_\_\_%; Contract Carrier \_\_\_%; Other \_\_\_%
- Type of Bill of Lading? Full Value or \_\_\_% Declared;  
 Released Liability to Carriers \$ \_\_\_\_\_ per \_\_\_\_\_ (pound or other)

**PREMIUM AND LOSS INFORMATION**

List Loss Experience Including Premium for last 5 year period:

Year	Carrier	Premium	Estimated and/or Outstanding Losses	Paid Losses	Salvage/Recoveries
20__	_____	\$ _____	\$ _____	\$ _____	\$ _____
20__	_____	\$ _____	\$ _____	\$ _____	\$ _____
20__	_____	\$ _____	\$ _____	\$ _____	\$ _____
20__	_____	\$ _____	\$ _____	\$ _____	\$ _____
20__	_____	\$ _____	\$ _____	\$ _____	\$ _____

Give full details of all claims and causes of loss:

Date	Amount	Details: Goods, Conveyance, Cause of Loss
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Has your Marine Insurance been canceled or declined in the past 5 years? ( ) Yes ( ) No

If so, state reason for cancellation or declination:

\_\_\_\_\_

**COVERAGE DETAILS**

1. Insuring Conditions requested: ( ) FPA; ( ) WA; ( ) All Risks; ( ) Deductible: \$ \_\_\_\_\_

Exclusions: \_\_\_\_\_

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Other (Describe): \_\_\_\_\_

2. Additional Coverages: ( ) Strikes and Riots; ( ) War; ( ) Duty; ( ) FOB/FAS; ( ) Contingency;

( ) Domestic Shipments (Not Import or Exports); Limit: \$ \_\_\_\_\_

( ) Exhibition Location: \_\_\_\_\_ Limit: \$ \_\_\_\_\_

Duration (in days/weeks or months for typical exhibition) \_\_\_\_\_

( ) Warehouse Location: \_\_\_\_\_ Limit: \$ \_\_\_\_\_

( ) Other (Explain): \_\_\_\_\_

3. Certificates Needed ( ) - Quantity \_\_\_\_\_

Agency , Brokerage: \_\_\_\_\_

Signing this form does not bind the applicant to complete the insurance, but this application shall constitute a warranty should a policy be issued.

Signature of Applicant \_\_\_\_\_ Title:

Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.