

APPLICANT INFORMATION

First Named Insured: _____

Mailing Address: _____

Other Named Insureds: _____

Partnership/Corporation/Individual: _____

Years in Business: _____

Description of Operations: _____

Website Address: _____

Inspection Contact (Name): _____

Telephone: _____

Email: _____

Additional Interests (include names and interest such as loss payee, mortgagee, etc.):

GENERAL POLICY INFORMATION

Effective Date/Expiration Date: _____

Billing (Agency or Direct): _____

Payment Plan: _____

UNDERWRITING INFORMATION

1. Type of goods being shipped: _____

2. Principle points of origin: _____

3. Principle points of destination: _____

4. Describe method of packing: _____

5. Are goods containerized? ☐ Yes ☐ No

6. Are containers opened prior to reaching final destination? ☐ Yes ☐ No

7. Who packs the container?
☐ Insured ☐ Other Describe: _____

8. Where are the containers packaged? _____

9. Are other goods consolidated with Insured Goods in the same container? ☐ Yes ☐ No



10. Location where container is unpacked:

☐ Discharge Port ☐ Consignee's Warehouse ☐ Other Describe: _____

	AVERAGE VALUE PER CONTAINER	MAXIMUM VALUE PER CONTAINER	AVERAGE VALUE PER CONVEYANCE	MAXIMUM VALUE PER CONVEYANCE
Vessel				
Aircraft				
Parcel Post (U.S. Mail)				
Barge				
Domestic (Air/Truck/Rail)				
Foreign Inland Transit				

Deductible: \$ _____

Estimated Annual Values Shipped

YEAR	IMPORTS	EXPORTS	DOMESTIC	FOREIGN INLAND TRANSPORT
Next 12 Months				
Current Year				
Previous Year				
Two Years Prior				

11. Insuring Conditions Requested: ☐ All Risk ☐ FPA ☐ Reefer Breakdown Clause

☐ Other Describe: _____

12. Do you require insurance on (check all that apply):

☐ Salesperson Samples ☐ Foreign Transit

☐ Import Duty ☐ Contingency Insurance on Exports

☐ Domestic Transit ☐ Warehouse Storage

☐ FOB/FAS Shipments ☐ Other: _____

If Insurance on warehouse is needed complete below:

LOCATION	LOCATION ADDRESS	LIMIT
1		
2		
3		
4		
5		

LOCATION	CONSTRUCTION TYPE	YEAR BUILT	YEAR OF ROOF UPDATE	YEAR OF PLUMBING, HEATING AND WIRING UPDATE	SQUARE FOOTAGE
1					
2					
3					
4					
5					



LOCATION	SPRINKLERED	WET OR DRY SPRINKLER SYSTEM	TEMPERATURE HUMIDITY CONTROL SYSTEM	RACK STORAGE	IN RACK SPRINKLERS
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION	CS FIRE ALARM	CS BURGLAR ALARM	LOCATION FENCED AND GATED	WATCHMEN SERVICE	ADDITIONAL SECURITY INFO
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR CARRIER INFORMATION

Current Cargo Rate: \$_____ Current War Rate: \$_____

If no prior carrier, did you ship through a freight forwarder? ☐ Yes ☐ No

YEAR	CARRIER	POLICY NUMBER	PREMIUM	LOSSES Attach a minimum of 3 years of hard copy loss history

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR 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.

APPLICANT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____

AGENT

Name: _____

Position: _____

Address (City, State, Zip):

Signature: _____

Date: _____