

Agent Information

Agency Name:	
Agency Code:	
Producer/CSR:	
Phone:	
Email:	
New	Renewal
Policy Number:	



Ocean Cargo Insurance Application

Assured	Name										
	Address	Street			_						
		City			Sta	ate		Zip			
	Subsidiary		•		•	•					
	Firms										
	Website					Yea	irs in Operation				
	Address						-				
	Purposed Effectiv	e Date									
Assured	Current Policy Yea	ar Sales	\$		Estimate	ed Sale	es Next Term \$				
Operation	Nature of Assured	l's Opera	ations								
Info	Primary Commod	ities to B	e Insured								
F											
F	Does the Assured	issue ne	egotiable cert	ificates of	insurance	?		Yes		No	
Packing	Type of Packing	Per Com	modity								
Detail	(i.e. palletized, shrink										
	containers)										
	If Containerized,	what pe	rcentage is s	hipped in f	ull contain	er load	ds (FCL)				%
	Name of Logistic										
	Company		5								
	Principal Steams	nip Carrie	ers								-
	• • • • • • • • • • • • • • • • • • •	•		·							
Commodity	Commodit	V	(Shipped Fr	om		9	Shipped ⁻	Го		
Trade		-			-				-		
Routes											
						I					
Exposure	Туре		То	tal Annual	Values		Percentage	of Shipr	nents A	ssurec	Is
Values	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							lesponsil			

Import	\$				
Export	\$				
Domestic	\$				
Percentage of Shipme	ents via Air	%	Percentage	e of Shipments via Vessel	%
	Export Domestic	Export \$	Export \$ Domestic \$	Export \$ Domestic \$	Import \$ Export \$ Domestic \$

Shipment	Conveyance	Average Limit	Requested Limit
Values	Vessel	\$	\$
	Air	\$	\$
	Truck	\$	\$
	Barge	\$	\$
	Parcel Post	\$	\$
	Other	\$	\$

Shipment	Standard: CIF +10% (Invoice value plus freight charge plus ten percent)	
Valuation	Sales Valuation: Valued at the sales price less unincurred costs	
	Other (please describe)	

Loss	Policy Year	Gross Loss Amount	Nature of Loss	Applicable Deductible
Detail				
(Hard Copy 5 YR				
Losses Run to be Attached)				
to be Attached)				
	Comments			

STORAGE	Location #1											
(Or Attach	Street Address											
Summary of Values)	City, State, Coun	itry, Zip Code										
values)	Construction Typ	e									Year Built	
	Does the Assure	d Own or Leas	e, if le	eased	d pleas	se d	escr	ibe other	occupant	S		
	Does the location	n have sprinkle	rs?	Υ		Ν		Commer	its			
	Please describe l	burglar alarm/t	heft p	orote	ction							
	Average Values a	at Location							Maximu	n Value	s	

Location #2							
Street Address							
City, State, Country	, Zip Code						
Construction Type							Year Built
Does the Assured C	wn or Lease, if	leased please o	describe o	ther occu	pants		
Does the location h			Y	Ν	Comn	nents	
Please describe bur	glar alarm/theft	protection					
Average Values at L	ocation	\$				Ma	ximum Values \$
Location #3							
Street Address							
City, State, Country	, Zip Code						
Construction Type							Year Built
Does the Assured C	wn or Lease, if	leased please o	describe o	ther occu	pants		
Doos the location h	ava enrinklare?		V	N	Comp	aonto	

Does the location have sprinklers?	Y	N	Comments	
Please describe burglar alarm/theft protection				
Average Values at Location			Maximum Valu	es

Location #4								
Street Address								
City, State, Country	, Zip Code							
Construction Type							Year Built	
Does the Assured C	wn or Lease, if leas	sed please des	cribe other	· occupa	ants			
Does the location h	ave sprinklers?		Y	N	Comments	S		
Please describe bur	glar alarm/theft pro	otection						
Average Values at L	ocation					Maximum Va	lues	

Additional Comments/ Narrative
Date Quote To Be Delivered By

Signed/Date