



Agent Information

Agent:

Agency Code:

Contact:

Phone:

Email:

New Renewal

Policy Number:

SECTION II: DOMESTIC TRANSIT

For shipments made by any mode of transport from one point to another within the contiguous United States.

TRANSPORT MODE	SHIPPING TYPE	VALUES
<input type="checkbox"/> Rail %	<input type="checkbox"/> Containerized %	Max. value per conveyance \$
<input type="checkbox"/> Air %	<input type="checkbox"/> FTL %	Max. # of packages per conveyance:
<input type="checkbox"/> Truck %	<input type="checkbox"/> LTL %	Avg. value per package \$
<input type="checkbox"/> Other: %	<input type="checkbox"/> Parcel %	Max. value per package \$
	<input type="checkbox"/> Other:	
PACKING – DETAILED DESCRIPTION		
VALUATION <input type="checkbox"/> INVOICE PLUS FREIGHT AND OTHER CHARGES PLUS % or <input type="checkbox"/> OTHER:		
DOMESTIC GROSS SALES (previous 12 months) \$		ESTIMATED DOMESTIC GROSS SALES (next 12 months) \$
ANNUAL VALUES SHIPPED AT APPLICANT'S RISK		
Supplier to assured previous 12 mo. \$		Supplier to assured next 12 mo. \$
Assured to customer previous 12 mo. \$		Assured to customer next 12 mo. \$
Intercompany previous 12 mo. \$		Intercompany next 12 mo. \$
Assured's Own Vehicle \$		
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) %		
Does the applicant desire contingent coverage on shipments not requiring insurance as per terms of sale? <input type="checkbox"/> YES <input type="checkbox"/> NO Incoming? <input type="checkbox"/> YES <input type="checkbox"/> NO Outgoing? <input type="checkbox"/> YES <input type="checkbox"/> NO Annual Volume \$		

SECTION III: STORAGE

For the storage of merchandise worldwide.

STORAGE FACILITIES (List all facilities utilized, including street address and zip code) *						
Location	Usage	Const	Age	Alarms	Sprinklered	Values per Month
1.	<input type="checkbox"/> Storage only					Average \$
	<input type="checkbox"/> Processing only					Maximum \$
	<input type="checkbox"/> Storage & processing					Limit desired \$
	<input type="checkbox"/> Display of product(s)					
2.	<input type="checkbox"/> Storage only					Average \$
	<input type="checkbox"/> Processing only					Maximum \$
	<input type="checkbox"/> Storage & processing					Limit desired \$
	<input type="checkbox"/> Display of product(s)					
3.	<input type="checkbox"/> Storage only					Average \$
	<input type="checkbox"/> Processing only					Maximum \$
	<input type="checkbox"/> Storage & processing					Limit desired \$
	<input type="checkbox"/> Display of product(s)					

*Attach additional locations and descriptions to application.

LOSS EXPERIENCE

PRIOR CARRIER, 5 YEAR PREMIUM AND LOSS EXPERIENCE				
Year	Carrier	Premium	Losses	Loss Description

IMPORTANT NOTICE

Any person who knowingly and with intent to defraud any Insurance Company, or other person who files an application of Insurance containing any false information or who conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent Insurance act, which is a crime.

COMPLETED BY

DATE COMPLETED



Allianz Global Corporate & Specialty®

SINGLE SHIPMENT TRANSIT POLICY APPLICATION

Applicant's Name and Address

Producer's Name and Address

Date of Shipment:

Goods to be Insured:

Are goods new, used or reconditioned? _____ Value to be insured:
(we insure for 110% of the total of invoice cost of the goods and the freight charges) :
_____ Is duty to be insured? - amount _____

Packing of the goods for transit:

() export cartons, minimum 350 lbs bursting strength, () solid sided wooded cases,
() open sided wood crates, () export paper bags, minimum 5 ply, () fiber drums, ()
steel drums, () other, please be specific:

Are goods unitized by "shrink wrapping"? _____ Are goods containerized? _____
Describe type of intermodal container used; () open top, () flat rack, () standard dry
cargo , () bulk, () other, please describe:

If containerized, please describe method of packing inside container and the securing
inside the container to prevent movement if container is not completely full:

Conveyance to be used: () vessel, () aircraft, () truck, () rail. If vessel, are goods to
be shipped on deck subject to an on deck Bill of Lading? _____

Name of Vessel or Name or Airline , Truck, or Rail Carrier: _____

Transit Origin _____ Loading Port _____

Transit Destination _____ Unloading Port _____

Is any storage in Customs or otherwise required? _____, If so, please give details
of storage location: _____

Application completed by _____ Date _____