

# APPLICATION FOR OPEN CARGO POLICY

Applicant's Name: \_\_\_\_\_  
Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Business of Insured: ( ) Manufacturer ( ) Retailer ( ) Wholesaler ( ) Distributor ( ) Other

Description of Goods to be Covered: \_\_\_\_\_  
\_\_\_\_\_

Type of Packing: ( ) Wooden Cases ( ) Cartons ( ) Bales ( ) Drums ( ) Container ( ) Bulk  
( ) Palletized ( ) Shrink-wrapped ( ) Bags, Type and Ply \_\_\_\_\_

Container Service \_\_\_\_\_ % Contemplated.  
Please check Method of Container Service: Door to Door \_\_\_\_\_ Pier to Door \_\_\_\_\_ Pier to Pier \_\_\_\_\_

Terms of Coverage: ( ) All Risk ( ) Other Terms (Specify) \_\_\_\_\_

Desired Deductible Amount: \$ \_\_\_\_\_ Percentage \_\_\_\_\_ %  
(Current Deductible if different than above) \_\_\_\_\_

Geographic Scope: ( ) Import ( ) Export ( ) World to World ( ) Other Specify \_\_\_\_\_

Principal Trading Areas (Name Countries) and Terms of Sales:

From	Via (Port)	To	Terms of Sale	Estimated Annual Volume (Indicate % Insured)
------	------------	----	---------------	---

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

Basis of Valuation: Invoice Cost plus Freight Plus \_\_\_\_\_ % Other (Specify) \_\_\_\_\_

Average Value Per Shipment: \_\_\_\_\_ Maximum Value Per Shipment: \_\_\_\_\_

Limits of Liability Required: Any One Vessel \_\_\_\_\_ Aircraft \_\_\_\_\_

Foreign Parcel Post/FedEx/UPS (Per Package) \_\_\_\_\_ Any One Barge/Tow \_\_\_\_\_

Estimated Annual Volume of Shipments: \_\_\_\_\_ Annual Gross Sales: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Has Present Carrier Requested Replacement of  
Coverage/ Given Notice of Cancellation? Yes \_\_\_\_\_ No \_\_\_\_\_

If No Cargo Policy in Force, How Has Your Insurance Been Handled Up to Now:

A. Insured Through a Freight Forwarder ( )

B. Insured By Customer or Supplier ( )

C. Other ( ) Please Explain: \_\_\_\_\_

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

**Premium and Loss Experience for Past Five ( 5) Years (All coverage's requested):**

Year	Premium	Paid Losses	Outstanding Losses	Recoveries	Principal Cause of Loss	# of Claims
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Does the above Premium and Loss Experience include War, Domestic or Foreign Transit or Warehouse/Processing Premium? Yes\_\_\_\_\_ No\_\_\_\_\_

Additional Coverages To Be Included In Quotation: ( ) War, Strikes, Riots & Civil Commotions ( ) Duty ( ) Contingent Interest ( ) FOB/FAS ( ) Increased Value/D.I.C. ( ) Domestic Inland Transit ( ) Domestic /Foreign Warehouse Coverage ( ) Domestic/Foreign Processors ( ) Other

**Description of Domestic Inland Transit Operations (If Coverage Requested):**

Geographic Limits: \_\_\_\_\_  
 Average Value per Shipment: \_\_\_\_\_ Maximum Value Per Shipment: \_\_\_\_\_  
 Limits Required: \_\_\_\_\_ Estimated Annual Volume: \_\_\_\_\_  
 Valuation: \_\_\_\_\_ Modes of Transit: Rail \_\_\_\_\_ % Common Carrier \_\_\_\_\_ %  
 Owned Truck \_\_\_\_\_ % Air \_\_\_\_\_ % Describe Packing: \_\_\_\_\_  
 Shipment Security (Seals, Locks, Alarms etc.) \_\_\_\_\_  
 Inland Transit Losses: \_\_\_\_\_

**Description of Domestic /Foreign Warehouse/Processing Operations (If Coverage Requested):**

KEY - Insert W - Warehouse Location, P - Processing Location

IMPORTANT Location Information \*Cons/Prot. (Request for each Named Location - Provide Construction, Protection and Sprinklered or Non Sprinklered location information)

Location :Name, Address <u>Zip Code, Country</u>	Average Monthly <u>Value</u>	Maximum Monthly <u>Value</u>	Location Const./ Protect*	Required Limit	Key <u>W or P</u>	Commodity <u>Type</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Additional Locations can be attached on Separate Sheet.

Unnamed Location Coverage Required ? Yes\_\_\_\_\_ No\_\_\_\_\_ Requested Limit \_\_\_\_\_

Are Any of These Locations Owned and/or Operated by the Applicant? Yes\_\_\_\_\_ No\_\_\_\_\_

Please indicate Owned Locations above by adding 0 to the Key Column.

**Is the Applicant and all their business partners aware of the United States and Foreign Countries restrictive laws and regulations? Do they have an OFAC compliance program in place? Yes \_\_\_ or No \_\_\_**

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

**Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.**

**Applicant: \_\_\_\_\_**

**Anticipated Attachment Date : \_\_\_\_\_**