



**APPLICATION FOR  
OCEAN CARGO INSURANCE**

Open Policy                       Trip Risk

**Name of the Assured:**  
*(Include names of all subsidiary firms or corporations to be insured)*

Address of Assured: \_\_\_\_\_ Telephone: (XXX) XXX-XXXX

Number of Years in Business: \_\_\_\_\_ Contact: \_\_\_\_\_

**Name of Agent or Broker:**

Address of Agent or Broker: \_\_\_\_\_ Telephone: (XXX) XXX-XXXX

<b>Attachment Date</b>	<b>Renewal or Expiration Date</b>
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**Limits of Insurance**

\$ _____ By any one Vessel	\$ _____ By any one R.R. train
\$ _____ By any on Vessel on Deck	\$ _____ By any one Barge
\$ _____ By any one Aircraft	\$ _____ Registered or Government Insured Parcel Post
\$ _____ By any one Truck	\$ _____ Unregistered or Ordinary Parcel Post

**Principal Goods to be Insured** *(attach pictures or illustrated catalogs, if available)*

**Packing** – Describe in Detail *(attach pictures or illustrated catalogs, if available)*

**Geographical Limits**

U.S. to World                       World to U.S.                       World to World                       River Shipments

Great Lakes                       Other

**Valuation**

Amount of Invoice, including chargers, plus ocean freight, plus \_\_\_\_\_.

Other: \_\_\_\_\_

**Insuring Conditions**

All risks                       Deductible                       \$ \_\_\_\_\_

Free of Particular Average

**Special Conditions**

<input type="checkbox"/> SR&CC	<input type="checkbox"/> FOB/FAS	<input type="checkbox"/> Domestic Inland Transit
<input type="checkbox"/> War Risk	<input type="checkbox"/> Contingent Interest	<input type="checkbox"/> Foreign Inland Transit <i>(attach list of countries)</i>
<input type="checkbox"/> FOB/FAS	<input type="checkbox"/> Increased Value	<input type="checkbox"/> Warehouse Coverage <i>(attach list of locations &amp; limits required at each location)</i>
<input type="checkbox"/> Contingent Interest	<input type="checkbox"/> Duty Coverage	
<input type="checkbox"/> Other: _____		

**Requested Deductible:**     \$500     \$2,500     \$5,000

**Describe Nature of Assured's Business** *(Industry)*

**Revenues Details** *(Annual Corporate / Company Sales / Revenues) & Values Shipped* *(insured by assured)*

	Revenues	Exports	Imports	Inland Transit, if any
Next 12 months Anticipated:	\$	\$	\$	\$
Currently ending 12 months:	\$	\$	\$	\$
Previous 12 months:	\$	\$	\$	\$
Previous 12 months:	\$	\$	\$	\$
Estimated Average Value per Shipment:		\$	\$	\$



**Principal Countries Shipped (Indicate % involved)**

Countries	Exports	Imports	Inland Transit, if any
All Other:			

**Name of Present Insurer:**

**Name of Present Broker:**

**Premium and Loss Experience (Attach loss analysis if available)**

	Premium (including War)	Paid Losses	Outstanding Losses
Currently ending 12 months:	\$	\$	\$
Previous 12 months:	\$	\$	\$
Previous 12 months:	\$	\$	\$
Previous 12 months	\$	\$	\$
Previous 12 months	\$	\$	\$

**Describe Principal Kind of Loss (specify major losses)**

**Describe Countries Involved in Losses**

**Remarks**

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date