

# OCEAN CARGO POLICY APPLICATION

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

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Company Website: \_\_\_\_\_ Program Anniversary Date: \_\_\_\_\_

Other Company Names: \_\_\_\_\_

Business of Insured:

Manufacturer      Retailer      Wholesaler      Distributor      Processor

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

Describe the nature of your business:

Describe the goods to be insured:

Type of packing:

Wooden Cases      Cartons      Bales      Drums      Container      Shrink-wrapped

Palletized      Bulk      Bags, Type, and Ply: \_\_\_\_\_

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

Container service: \_\_\_\_\_ % Contemplated

Method of container service:

Door-to-Door      Pier-to-Door      Pier-to-Pier

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

Terms of coverage:

All Risk      Other: \_\_\_\_\_

Desired deductible amount: \$ \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Current deductible (if different than above): \$ \_\_\_\_\_

Geographic scope:

Import      Export      World-to-World      Other: \_\_\_\_\_

Terms of sale: \_\_\_\_\_

Principal Trading Areas (Name Countries) and Annual Volume:

From (Country)	Via (Port)	To (Country)	Estimated Annual Volume

Basis of Valuation

Invoice cost, plus freight plus: \_\_\_\_\_ % Other (specify): \_\_\_\_\_

Current valuation (if different than above): \_\_\_\_\_

Limits of Liability Required

Any one vessel: \_\_\_\_\_ Any one aircraft: \_\_\_\_\_

Any one conveyance: \_\_\_\_\_ Any one barge/tow: \_\_\_\_\_

Foreign Parcel Post/FedEx/UPS (per package): \_\_\_\_\_

Via Vessel

Average value per shipment: \_\_\_\_\_ Max value per shipment: \_\_\_\_\_

Via Air

Average value per shipment: \_\_\_\_\_ Max value per shipment: \_\_\_\_\_

Via Foreign Parcel Post/FedEx/Ups – International Mail

Average value per shipment: \_\_\_\_\_ Max value per shipment: \_\_\_\_\_

Estimated annual volume of shipments: \_\_\_\_\_ Annual gross sales: \_\_\_\_\_

Estimated annual insured values – intercompany shipments: \_\_\_\_\_

Estimated annual insured values – other Define: \_\_\_\_\_

Prior year annual volume of all shipments: \_\_\_\_\_

Trade shows, if coverage requested:

Limit any one trade show: \$ \_\_\_\_\_ Number of trade shows (annually): \_\_\_\_\_

Average value per trade show: \$ \_\_\_\_\_ Max value per trade show: \$ \_\_\_\_\_

Sales samples, if coverage requested:

Limit any one sales person: \$ \_\_\_\_\_ Number of sales persons (annually): \_\_\_\_\_

Average value per sales person: \$ \_\_\_\_\_ Max value per sales person: \$ \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_

Has present carrier requested replacement of coverage/given notice of cancellation?      Yes      No  
(not applicable in Missouri)

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/Supplier

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

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

Premium And Loss Experience for Past Five (5) Years. Loss experience may be separately attached.

Year	Premium	Paid Losses	Outstanding Losses	Cause of Loss	# of Claims

Does the above premium and loss experience include all coverages requested in this application?      Yes      No

Additional coverages requested to be included in quotation:

War, Strikes, Riots & Civil Commotions

Duty

Contingent Interest

FOB/FAS

Increased Value/D.I.C.

Domestic Inland Transit

Foreign Inland Transit

Domestic/Foreign Warehouse Coverage

Domestic/Foreign Processors

Other \_\_\_\_\_

\_\_\_\_\_

Description of domestic inland transit operations (if coverage requested):

Domestic USA

Including Alaska, Puerto Rico, Hawaii and US Possessions/Territories

Including Canada

Average value per shipment: \_\_\_\_\_ Maximum value per shipment: \_\_\_\_\_

Limits required per conveyance: \_\_\_\_\_ Estimated annual volume: \_\_\_\_\_

Valuation: \_\_\_\_\_

Modes of transit:

Rail \_\_\_\_\_ %

Common Carrier \_\_\_\_\_ %

Owned Truck \_\_\_\_\_ %

Air \_\_\_\_\_ %

Small Package Carrier (UPS) \_\_\_\_\_ %

Specify limit per package \$ \_\_\_\_\_

Describe packing:

Shipment security (seals, locks, alarms, etc.):

Describe special handling (i.e. refrigeration etc.):

Inland transit losses:

Description of foreign inland transit operations (if coverage requested):  
Only Foreign Countries below      Only Mexico      Other (specify): \_\_\_\_\_

List countries: \_\_\_\_\_

Average value per shipment: \_\_\_\_\_ Maximum value per shipment: \_\_\_\_\_

Limits required per conveyance: \_\_\_\_\_ Estimated annual volume: \_\_\_\_\_

Valuation: \_\_\_\_\_

Modes of transit:  
Rail \_\_\_\_\_ %      Common Carrier \_\_\_\_\_ %  
Owned Truck \_\_\_\_\_ %      Air \_\_\_\_\_ %  
Small Package Carrier (UPS) \_\_\_\_\_ %      Specify limit per package \$ \_\_\_\_\_

Describe packing:

Shipment security (seals, locks, alarms, etc.):

Describe special handling (i.e. refrigeration etc.):

Foreign inland transit losses:

**DESCRIPTION OF DOMESTIC/FOREIGN WAREHOUSE/PROCESSING OPERATIONS (IF COVERAGE REQUESTED):**

**For each location\* below insert:** complete name, address, city, state, country and zip code/postal code

Location 1 \_\_\_\_\_  
 Location 2 \_\_\_\_\_  
 Location 3 \_\_\_\_\_  
 Location 4 \_\_\_\_\_  
 Location 5 \_\_\_\_\_

\* Additional locations may be added as separate attachments.

**For each location insert location information and type:**

**Location Information:** Construction Type, Burglar/Fire Protection and Sprinkler Information, Year Built

**Location type:** W – Warehouse Location, P – Processing Location, WP – Warehouse & Processing

**Location Status:** O – Owned, NO – Non Owned, B – Basement Storage, S – Outside Storage

Loc #	Construction Type	Burglar/Fire Protection and Sprinkler Information	Year Built	Location Type (W, P, or WP)	Location Status (O, NO, B, S)
1					
2					
3					
4					
5					

**For each location, insert contact name and phone number:**

Loc #	Contact Name	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For each location, insert limit requested, average and maximum monthly values:**

	Limit Requested	Average Monthly Value	Maximum Monthly Value
Location 1	_____	_____	_____
Location 2	_____	_____	_____
Location 3	_____	_____	_____
Location 4	_____	_____	_____
Location 5	_____	_____	_____

Unnamed location coverage required?      Yes      No

Limit requested \_\_\_\_\_

# Of unnamed locations used monthly \_\_\_\_\_

Average monthly value per location \_\_\_\_\_

Maximum monthly value per location \_\_\_\_\_

Unnamed locations are principally located in the following cities, states and countries:

Are any unnamed locations owned and/or operated by the applicant?      Yes      No

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Is the applicant and all their business partners aware of the United States and foreign countries sanctions, restrictive laws and regulations?      Yes      No

Do they have an OFAC compliance program in place?      Yes      No

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**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 AND MAY BE A SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

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

APPLICANT'S SIGNATURE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ANTICIPATED ATTACHMENT DATE: \_\_\_\_\_      DATE OF APPLICATION: \_\_\_\_\_