

OCEAN CARGO INSURANCE APPLICATION

Date _____ Open Policy Trip Risk One Year Term Policy
To be effected with _____ Insurance Company

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

Address of Assured _____

Telephone _____ Fax _____

Name of Agent or Broker _____

Address of Agent or Broker _____

Telephone _____ Fax _____

Geographical Limits

U.S. to World World to U.S. World to World
 River Shipments Great Lakes Other

Valuation

Amount of Invoice, including charges, plus ocean freight, plus _____ %
 Other _____

Principal Merchandise to be insured *(enclose pictures or illustrated catalogs, if available):*

Packing - Describe in detail *(enclose pictures or illustrated catalogs, if available):*

Insuring Conditions

<input type="checkbox"/> All Risks	<input type="checkbox"/> Deductible \$ _____ %	<input type="checkbox"/> Franchise \$ _____ %
<input type="checkbox"/> Free of Particular Average	<input type="checkbox"/> With Average 3%	<input type="checkbox"/> With Average I.O.P.
<input type="checkbox"/> Other _____		

Special Conditions

<input type="checkbox"/> War Risks	<input type="checkbox"/> Contingent Interest	<input type="checkbox"/> Difference in Conditions
<input type="checkbox"/> S.R. & C.C	<input type="checkbox"/> FOB/FAS	<input type="checkbox"/> Increased Value
<input type="checkbox"/> Duty Coverage		
<input type="checkbox"/> Warehouse Coverage <i>(Attach list of locations)</i>		
<input type="checkbox"/> Processor's Coverage <i>(Attach list of locations)</i>		
<input type="checkbox"/> Installation Coverage		
<input type="checkbox"/> Exhibition Coverage		
<input type="checkbox"/> Other _____		

Limits of Insurance

\$ _____ By One Vessel	\$ _____ Registered or Govt. Insured Parcel Post
\$ _____ By Any One Vessel On Deck	\$ _____ Unregistered or Ordinary Parcel Post
\$ _____ By One Aircraft	
\$ _____ By Any One Truck, R.R. Train	\$ _____ By Any One Barge

Describe Nature of Assured's Business *(Manufacturer, Exporter, Commodity Broker, etc)*

	EXPORTS	IMPORTS
INSURED VOLUME during last 12 months	\$	\$
ESTIMATED VOLUME to be insured during next 12 months	\$	\$
ESTIMATED AVERAGE VALUE PER SHIPMENT	\$	\$

Principal countries to which goods are imported (indicate % involved)

Principal countries from which goods are imported (indicate % involved)

Name of Present Insurer:	Name of Present Broker:

Premium and Loss Experience for past 5 years (attach loss analysis if available)

	Exports	Imports	Warehouse
Premium (excluding War)	\$	\$	\$
Losses Paid and Outstanding	\$	\$	\$

Principal kind of loss

Principal Countries Involved in Losses

Remarks (attach extra sheets if necessary)

FOR UNDERWRITERS USE ONLY

QUOTED
 DECLINED Reason: _____
 BINDING Effective Date: _____