



# APPLICATION FOR SINGLE SHIPMENT CARGO INSURANCE

Applicant's Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

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

Description of Applicants  
Operations: \_\_\_\_\_  
\_\_\_\_\_

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:  
Name Countries from which Goods will be shipped : (include Port Name)

\_\_\_\_\_

Name Countries to which Goods will be shipped : (Include Port Name)

\_\_\_\_\_

Terms of Sale: \_\_\_\_\_

Name of Shipping Line/Airline: \_\_\_\_\_ Name of Vessel: \_\_\_\_\_

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

Limit of Liability Required:

Vessel \_\_\_\_\_

Aircraft \_\_\_\_\_

Single Barge/Tow \_\_\_\_\_

Domestic Inland Transit \_\_\_\_\_

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

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

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 for the single shipment above required):

Geographical scope of coverage

required: \_\_\_\_\_

Modes of Transit: Rail \_\_\_\_\_ % Common Carrier \_\_\_\_\_ % Owned Truck \_\_\_\_\_ % Air \_\_\_\_\_ %

Describe Packing: \_\_\_\_\_

Shipment Security (Seals, Locks, Alarms etc.) \_\_\_\_\_

Description of Domestic /Foreign Warehouse/Processing Operations (If coverage for the single shipment above required):

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 Zip Code, Country	Length of time for Storage of shipment	Const./ Protect*	Required Limit	Key W or P	Commodity Type
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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