CARGO OPEN POLICY APPLICATION



Applicant:											
Address:											
City:					Province:						
Postal Code:					Policy Effective Date:						
NATURE OF	THE APPLICANT'S I	BUSINESS									
What is the ap	oplicant's business?										
								# of years	in Busine	SS:	
	UAL VOLUME OF:										
Exports \$			Imports \$			Domestic Inland Transit \$					
Average Value	e per consignment by	/:	Sea	.		Air			Inland		
Estimated am	ount of annual ship	ments by:	Sea			Air			Inland		
PRINCIPLE C	OMMODITIES AND	GEOGRAPHIC L	IMITS	5							
Commodity			Country			% of Annual Sales		% by Vessel		% by Air	
CARGO TO I	BE INSURED (Describ	oe)									
New or Used											
Packing											
Marks or Adve If Yes, please	ertising on cartons of describe	crates?	\ Ye	es 🖵 No							
CONTAINER	ZED SHIPMENTS			I	I		-				
%	Containers	Door/door		Consolidated	Reefers		Average Value per Contatiner		e r	Maximum Value per Contatiner	
shipped in	%	%		%	%		\$			\$	
Who packs yo	our containers?										
BASIS OF VA	ALUATION										
	ount of Invoice, Insu		eight a	at risk plus:		%					
	IABILITY REQUEST) (and all				A :			
	the following and u	sual connecting c	onvey	ance: Vessel:				Aircraft:			
	ARGE shipments:										
Names of Stea	amship Lines/Airlines	Principally Used:									
% of total ani	nual volume shipped	by barge:			%						
Does applican	t release Barge Line	or Towing Co. fro	m Lial	bility? 📮 Yes	🖵 No						

OPTION/	AL COVERAGES REQUIRED								
Duty Insur	ance on Import Shipments?	🖵 Yes	🖵 No		C	6			
Contingency coverage on Imports / Exports? Yes No				War, Strikes Riots and Civil Commotion Coverage?					
Other - Pl	ease specify:			1					
DOMEST	TIC TRANSPORTATION COVER	RAGES							
Limits of L	iability Requested: \$		Estimated Anr	nual Value of North America	n shipments:	\$			
Principle C	Commodities and Packing:		1						
Approvim	ate % of Values Shipped by:	Rail \$		Couriers \$		Air \$			
	ate % of Values Shipped by:	Contract Carri \$		Common Carriers Truckn \$	nan	Vehicles Owned by Applicant \$			
EXHIBITI	ON RISKS - List Locations whe				1	11 1. C. 1. 1. 11.	N 1 1		
Location						Limit of Liability Needed			
DDEMUU	M & LOSS EXPERIENCE HISTO	NOV During pro	views five (E) years for		tad				
Year	Premiums Paid			Losses Paid	Outstanding or				
		Loss Description					Estimated		
PREVIOU	IS INSURER								
Company:							rs with nt Insurer:		
Additional	Information:			L					

Applicant:	Broker:	Dated:

The information set forth in this application is warranted correct and a true basis on which insurance may be granted, but in no way binds the applicant to accept quotation or insurers to accept risk.