

# CARGO OPEN POLICY APPLICATION



Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

**NATURE OF THE APPLICANT'S BUSINESS**

What is the applicant's business? \_\_\_\_\_

\_\_\_\_\_

# of years in Business: \_\_\_\_\_

**TOTAL ANNUAL VOLUME OF:**

Exports \$	Imports \$	Domestic Inland Transit \$
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Average Value per consignment by:	Sea	Air	Inland
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Estimated amount of annual shipments by:	Sea	Air	Inland
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**PRINCIPLE COMMODITIES AND GEOGRAPHIC LIMITS**

Commodity	Country	% of Annual Sales	% by Vessel	% by Air

**CARGO TO BE INSURED (Describe)**

New or Used \_\_\_\_\_

Packing \_\_\_\_\_

Marks or Advertising on cartons or crates?  Yes  No  
If Yes, please describe \_\_\_\_\_

**CONTAINERIZED SHIPMENTS**

% shipped in	Containers	Door/door	Consolidated	Reefers	Average Value per Container	Maximum Value per Container
	%	%	%	%	\$	\$

Who packs your containers? \_\_\_\_\_

**BASIS OF VALUATION**

Valued at Amount of Invoice, Insurance and any Freight at risk plus: \_\_\_\_\_ %

**LIMITS OF LIABILITY REQUESTED**

By any one of the following and usual connecting conveyance: Vessel: \_\_\_\_\_ Aircraft: \_\_\_\_\_

By any one BARGE shipments: \_\_\_\_\_

Names of Steamship Lines/Airlines Principally Used: \_\_\_\_\_

% of total annual volume shipped by barge: \_\_\_\_\_ %

Does applicant release Barge Line or Towing Co. from Liability?  Yes  No

**OPTIONAL COVERAGES REQUIRED**

Duty Insurance on Import Shipments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	War, Strikes Riots and Civil Commotion Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contingency coverage on Imports / Exports?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other - Please specify:			

**DOMESTIC TRANSPORTATION COVERAGES**

Limits of Liability Requested: \$	Estimated Annual Value of North American shipments: \$		
Principle Commodities and Packing:			
Approximate % of Values Shipped by:	Rail \$	Couriers \$	Air \$
	Contract Carrier Truckman \$	Common Carriers Truckman \$	Vehicles Owned by Applicant \$

**EXHIBITION RISKS - List Locations where Exhibitions will be held.**

Location	Limit of Liability Needed

**PREMIUM & LOSS EXPERIENCE HISTORY - During previous five (5) years for all coverages being requested.**

Year	Premiums Paid	Loss Description	Losses Paid	Outstanding or Estimated

**PREVIOUS INSURER**

Company:	Policy #:	# Years with Current Insurer:
Additional Information:		

Applicant:	Broker:	Dated:
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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.