

i3 INVENTORY APPLICATION

GENERAL INFORMATION

Name of Applicant(s) (include all subsidiaries): _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Website: _____

DESCRIPTION OF OPERATIONS

1) Description of Operations:

2) Description of the subject matter to be insured:

3) Total anticipated annual sales revenue: \$ _____

4) Annual sales revenue for prior (3-5) years: \$ _____

INBOUND GOODS/FREIGHT

5) Total annual **inbound** shipment values for which the Insured is responsible to insure (i.e. shipped at Insured's risk of loss):

	SOURCE	VALUES AT RISK	BASIS OF VALUATION USED	TYPE OF TRANSPORTATION - SHIP, TRAIN, TRUCK ETC.
1	CANADA			
2	USA			
3	OTHER INTERNATIONAL			

6) If the Basis of Valuation and Loss Settlement required under this insurance policy differs from Basis of Valuation shown above, please advise how the figures provided will be affected/amended in reaching the required Basis of Valuation and Loss Settlement.

7) For international sourced goods/freight, please provide breakdown (e.g. % from China, % from Europe, etc.):

8) Maximum amount carried any one vessel, aircraft, truck or any one other conveyance: \$ _____

9) Details of **inbound** packing (e.g. cased, crated, mftgs export cartons, bulk, bagged then pelletized and shrink wrapped):

10) Is **inbound** cargo containerized? Yes No

If so, please advise whether cargo is stowed as a full container load (FCL) or part container load (LCL) or groupage:

OUTBOUND GOODS/FREIGHT

11) Total annual **outbound** shipment values for which the Insured is responsible to insure (i.e. shipped at Insured's risk of loss):

	DESTINATIONS	VALUES AT RISK	BASIS OF VALUATION USED	TYPE OF TRANSPORTATION - SHIP, TRAIN, TRUCK ETC.
1	CANADA			
2	USA			
3	OTHER INTERNATIONAL			

12) If the Basis of Valuation and Loss Settlement required under this insurance policy differs from Basis of Valuation shown above, please advise how the figures provided will be affected/amended in reaching the required Basis of Valuation and Loss Settlement.

13) For international destinations, please provide breakdown (e.g. % to China, % to Europe, etc.):

14) Maximum amount carried any one vessel, aircraft, truck or any one other conveyance: \$ _____

15) Details of **outbound** packing (e.g. cased, crated, mftgs export cartons, bulk, bagged then pelletized and shrink wrapped):

16) Is **outbound** cargo containerized? Yes No

If so, please advise whether cargo is stowed as a full container load (FCL) or part container load (LCL) or groupage:

17) Please confirm no waiver of subrogation is given to any party involved with the carriage/handling of the Cargo? Yes No

18) In respect of Cargo carried in chartered vessels - please advise whether the Assured has instructed the vessel owners or managers to arrange for an entry for their 'Legal Liability to Cargo' into a recognized International Group Pool P&I Club:

STOCK & STORAGE:

19) Please list (including addresses, with Postal Codes/Zip) the locations where goods are to be held in Stock/Storage:

Loc 1. _____

Loc 2. _____

Loc 3. _____

Loc 4. _____

Loc 5. _____

20) For all locations listed (in 19) above, please provide the following details:

LOC	YEAR BUILT/ CONSTRUCTION	SQUARE FT/ OCCUPANCY	FIRE PROTECTION	SECURITY PROTECTION	CENTRAL MONITORING
1					
2					
3					
4					
5					

21) What is the maximum sum insured required at each location listed above at any one time?

Loc 1. \$ _____

Loc 2. \$ _____

Loc 3. \$ _____

Loc 4. \$ _____

Loc 5. \$ _____

22) What is the average stock/storage amount exposed at each location named above at any one time?

Loc 1. \$ _____

Loc 2. \$ _____

Loc 3. \$ _____

Loc 4. \$ _____

Loc 5. \$ _____

23) When providing amounts in 21 and 22 above, do they reflect known increases that will occur over the next 12 months. Please clarify: _____

24) When providing figures above, please advise:

a) What Basis of Valuation has been used? _____

b) What Basis of Valuation and Loss Settlement is required? _____

25) If this Basis of Valuation in 24b differs, from 24a above, please clarify how the figures provided (in 21 & 22) will be affected/changed in reaching the required Basis of Valuation and Loss Settlement accordingly.

26) Are goods transported by own vehicle or by common carrier (haulers)? _____

27) Please provide the maximum amount to be carried per any one vehicle: \$ _____

28) In respect of carryings by common carriers - are goods carried under a released bill of lading or are any waivers given to such carriers? If so, please give full details:

29) If goods are carried in own vehicles, please confirm a 'Loss Prevention' program operates and all delivery personnel are fully conversant with procedure. (Full details may be required if Underwriters are to be placed on risk):

INSURANCE HISTORY & REQUIREMENTS

Please provide details for your **current** insurance policy:

EFFECTIVE DATE	LIMIT	DEDUCTIBLE	CURRENT PREMIUM	INSURER

Please provide details for your **required** insurance policy:

EFFECTIVE DATE	LIMIT	DEDUCTIBLE	TARGET PREMIUM	INSURER

CLAIMS HISTORY

Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above: Yes No

If the answer to the above is 'Yes', then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

DECLARATION

I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not mis-stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Applicant's Signature: _____

Print Name: _____ Date: _____