

CARGO APPLICATION

Name of Insured: _____

Address: _____

Nature of Business: _____

Other related experience: _____ Number of Years in Business: _____

Description of Products Being Shipped: New Used Both

Nature of Packing: _____

Are individual items packed in: Cartons Crates Drums Other: _____

If other, please describe: _____

Are goods containerized? Yes No

If yes, are containers: Full Consolidated Reefer

Are items professionally packed? Yes No, if no, who did the packing? _____

Description of Voyage:

Point of Origin	Destination	Approximate % of Total

Mode of Transportation:

Sea Air Rail Truck Combination

If combination, please describe: _____

Are there any trans-shipments? Yes No

If yes, where? _____

Values and Limits of Liability:

What is the anticipated annual volume?

Sea \$ _____ Air \$ _____ Truck \$ _____ Rail \$ _____

What is the maximum value per shipment?

Sea \$ _____ Air \$ _____ Truck \$ _____ Rail \$ _____

What is the average value per shipment?

Sea \$ _____ Air \$ _____ Truck \$ _____ Rail \$ _____

Limit of insurance required any one conveyance:

Sea \$ _____ Air \$ _____ Truck \$ _____ Rail \$ _____

Loss Experience: Have you had any losses or claims? Yes No

CARGO APPLICATION

Date of Loss	Cause	Amount
1.		
2.		
3.		
4.		

Additional Information: _____

INSURANCE REQUIRED from: _____

LOSS PAYEE: _____

Address: _____

PREVIOUS INSURERS: _____

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

AGENT / BROKER: _____

BROKER EMAIL: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercialmarine@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667 **Ontario & Atlantic Canada - T 519.850.1610 F 519.850.1614**