

SINGLE SHIPMENT CARGO APPLICATION

APPLICANT'S NAME: _____

Address: _____

City: _____ Province: _____ P.C.: _____

INSURANCE REQUIRED FOR: Sea Air Truck/Rail

Are products? New Used Both List products being shipped: _____

NATURE OF PACKING: Are individual items packed in: Cartons Crates Drums Bales

If special wrapping, please describe: _____

Are containers used? Yes No If Yes, are containers? Full Consolidated Reefer

Are items professionally packed? Yes No

If no, who did the packing? _____

Are there any marks or advertising on cartons and/or cases? Yes No

If yes, please describe: _____

Are there any special agreements with carriers, which limit liability? Yes No

If yes, please describe: _____

Have you had any previous transportation insurance of this type? Yes No

If yes, please provide loss experience and name of insurer: _____

CARGO: Countries of Origin & Destination

Point of Origin: _____ Via: _____ Destination: _____

IF BY SEA: Vessel to be advised, and approved by Underwriters prior to shipment)

Please provide name of Vessel? _____

Sailing Date: _____ Bill of Lading Number: _____

IF BY AIR: Please provide name of Airline Company? _____

Flying Date: _____ Airway Bill Number: _____

IF BY TRUCK: Are the trucks: Owned Leased Are common carriers employed? Yes No

Please provide name and address of Trucking Company: _____

Transit Date: _____ Bill of Lading Number: _____

Limit of Insurance Required: (Invoice Value, Freight, Duty & Tax) \$ _____

What **Deductible** do you require? \$500 \$750 \$1,000 Other: \$ _____

Transit protection required? All Risk Named Perils Total Loss only

Other Protection Required: War Strikes Other: _____

If other Special Coverage required, please describe: _____

Name and full address of Consignee: _____

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.

Applicant's Signature: _____ Date: _____

Broker: _____ Broker's Signature: _____

Broker Email: _____ Tel. #: _____ Fax #: _____

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 ****

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