



APPLICATION FOR OCEAN CARGO INSURANCE

Applicant Name:			Years in Business	
Address (including City, State, Zip):			Effective Date	
Commodity Shipped:				
Terms of Average Requested:		Coverage Requested:		
<input type="checkbox"/> FPA (Free of Particular Average) <input type="checkbox"/> With Average <input type="checkbox"/> All Risk excluding: _____ <input type="checkbox"/> All Risk		<input type="checkbox"/> Domestic Transit <input type="checkbox"/> Contingency <input type="checkbox"/> Warehousing (attach schedule of locations) <input type="checkbox"/> Processing (attach schedule of locations) <input type="checkbox"/> FOB/FAS <input type="checkbox"/> War/SR&CC <input type="checkbox"/> Import Duty: (proj. annual import duty \$ _____) <input type="checkbox"/> Other:		
Valuation (CIF+10%, Selling Price, Other):				
Method of Packing (describe):		Containerization:		
		<input type="checkbox"/> House to House <input type="checkbox"/> House to Pier <input type="checkbox"/> Pier to House <input type="checkbox"/> Pier to Pier		
Origination of Shipments:		Destination of Shipments:		
Average Value of Individual Shipping Package:	Average Value per Vessel/Air/Truck:	Annual Value of all Vessel Shipments:	Annual Value of Foreign Inland Shipments:	
\$	\$	\$	\$	
Maximum Value of Individual Shipping Package:	Maximum Value per Vessel/Air/Truck:	Annual Value of all Air Shipments:	Annual Value of Domestic Shipments (if applicable):	
\$	\$	\$	\$	
Limits Requested:				
Under Deck	On Deck	Barge	Foreign Inland	Mail
\$	\$	\$	\$	\$
Domestic Transit	Any one Loss	Deductible (Foreign)	Deductible (Domestic)	Other
\$	\$	\$	\$	\$
Current Insurer:				
Is Current Insurer canceling, increasing rate, changing coverage, etc? (If yes, please explain):				



Loss Experience:			
Year	Gross Premium	Paid Losses	Outstanding Losses
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Applicant Signature	Date	Agent or Broker	Date
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ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.