

Marine Cargo Application

Company Overview		
Assured Name:		
Corporate Address:		
City:	State:	Zip:
Requested Effective Date:		
Description of Operations:		
Commodity(ies) to be Insured:		
Total Estimated Annual Sales:		Average Selling Price Markup:
Any Used Goods to be insured? <input type="checkbox"/> No <input type="checkbox"/> Yes - Annual Volume: \$		
Previous Insurer(s) (incl 5-year loss history):		
International Transit		
Estimated annual volume of shipments between two foreign countries (air/sea):		
Imports – estimated annual volume:	Exports – estimated annual volume:	
Maximum limit required per any one conveyance:	Average value on any one conveyance:	
Packing Methods:		
Countries shipping to/from:		
Domestic Inland Transit <input type="checkbox"/> Requested <input type="checkbox"/> Declined		
Estimated annual volume (purchases, sales, intra-company moves, etc.):		
Maximum Limit required per any one conveyance:	Average Value on any one conveyance:	
Packing Methods:		
Foreign Inland Transit <input type="checkbox"/> Requested <input type="checkbox"/> Declined		
In which Countries is this coverage required?		
Packing Methods:	Estimated Annual Values Shipped:	
Maximum Limit required per any one conveyance:	Average Value on any one conveyance:	
Trade Fairs & Exhibitions <input type="checkbox"/> Requested <input type="checkbox"/> Declined \$25,000 per exhibition limit is automatically included in policy		
In which Countries is this coverage required?	Maximum Value exposed at any one Site:	
Estimated Number of Events Annually:		
Salesperson Samples <input type="checkbox"/> Requested <input type="checkbox"/> Declined \$25,000 per exhibition limit is automatically included in policy		
Maximum Value Any one Sample:	Maximum Number of Salespeople:	

Goods In Storage

 Coverage Requested

 Coverage Declined

Location Name & Address	Max Limit Required	Avg Monthly Value	Construction	Protection
<input type="checkbox"/> Owned <input type="checkbox"/> 3rd-Party	\$	\$	<input type="checkbox"/> Fire-Resistive <input type="checkbox"/> Modified Fire-Resistive <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Jointed Masonry <input type="checkbox"/> Wood Frame Year of Construction:	<input type="checkbox"/> Sprinklers <input type="checkbox"/> Fire/Smoke Alarm <input type="checkbox"/> CCTV <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fence/Gate <input type="checkbox"/> 24-Hour Guard
<input type="checkbox"/> Owned <input type="checkbox"/> 3rd-Party	\$	\$	<input type="checkbox"/> Fire-Resistive <input type="checkbox"/> Modified Fire-Resistive <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Jointed Masonry <input type="checkbox"/> Wood Frame Year of Construction:	<input type="checkbox"/> Sprinklers <input type="checkbox"/> Fire/Smoke Alarm <input type="checkbox"/> CCTV <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fence/Gate <input type="checkbox"/> 24-Hour Guard
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NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO CALIFORNIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Applicant Name:

Signature:

Date: