

CARGO OPEN POLICY APPLICATION



Applicant: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Policy Effective Date: _____

NATURE OF THE APPLICANT'S BUSINESS

What is the applicant's business? _____

_____ # of years in Business: _____

TOTAL ANNUAL VOLUME OF:

Exports \$	Imports \$	Domestic Inland Transit \$
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Average Value per consignment by:	Sea	Air	Inland
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Estimated amount of annual shipments by:	Sea	Air	Inland
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PRINCIPLE COMMODITIES AND GEOGRAPHIC LIMITS

Commodity	Country	% of Annual Sales	% by Vessel	% by Air

CARGO TO BE INSURED (Describe)

New or Used _____

Packing _____

Marks or Advertising on cartons or crates? Yes No
If Yes, please describe _____

CONTAINERIZED SHIPMENTS

% shipped in	Containers	Door/door	Consolidated	Reefers	Average Value per Contatiner	Maximum Value per Contatiner
	%	%	%	%	\$	\$

Who packs your containers? _____

BASIS OF VALUATION

Valued at Amount of Invoice, Insurance and any Freight at risk plus: _____ %

LIMITS OF LIABILITY REQUESTED

By any one of the following and usual connecting conveyance: Vessel: _____ Aircraft: _____

By any one BARGE shipments: _____

Names of Steamship Lines/Airlines Principally Used: _____

% of total annual volume shipped by barge: _____ %

Does applicant release Barge Line or Towing Co. from Liability? Yes No

OPTIONAL COVERAGES REQUIRED			
Duty Insurance on Import Shipments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	War, Strikes Riots and Civil Commotion Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contingency coverage on Imports / Exports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other - Please specify:			

DOMESTIC TRANSPORTATION COVERAGES			
Limits of Liability Requested: \$	Estimated Annual Value of North American shipments: \$		
Principle Commodities and Packing:			
Approximate % of Values Shipped by:	Rail	Couriers	Air
	\$	\$	\$
	Contract Carrier Truckman	Common Carriers Truckman	Vehicles Owned by Applicant
	\$	\$	\$

EXHIBITION RISKS - List Locations where Exhibitions will be held.	
Location	Limit of Liability Needed

PREMIUM & LOSS EXPERIENCE HISTORY - During previous five (5) years for all coverages being requested.				
Year	Premiums Paid	Loss Description	Losses Paid	Outstanding or Estimated

PREVIOUS INSURER		
Company:	Policy #:	# Years with Current Insurer:
Additional Information:		

Applicant:	Broker:	Dated:
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The information set forth in this application is warranted correct and a true basis on which insurance may be granted, but in no way binds the applicant to accept quotation or insurers to accept risk.