



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:



Ocean Cargo Insurance Application

Assured	Name					
	Address	Street				
		City	State	Zip		
	Subsidiary Firms					
	Website Address		Years in Operation			
Proposed Effective Date						

Assured Operation Info	Current Policy Year Sales	\$	Estimated Sales Next Term	\$	
	Nature of Assured's Operations				
	Primary Commodities to Be Insured				
	Does the Assured issue negotiable certificates of insurance?				Yes <input type="checkbox"/>

Packing Detail	Type of Packing Per Commodity (i.e. palletized, shrink wrapped in full containers)				
	If Containerized, what percentage is shipped in full container loads (FCL)				%
	Name of Logistics/Forwarding Company				
	Principal Steamship Carriers				

Commodity Trade Routes	Commodity	Shipped From	Shipped To

Exposure Values	Type	Total Annual Values	Percentage of Shipments Assured Is Responsible For
	Import	\$	
	Export	\$	
	Domestic	\$	
	Percentage of Shipments via Air	%	Percentage of Shipments via Vessel %

Shipment Values	Conveyance	Average Limit	Requested Limit
	Vessel	\$	\$
	Air	\$	\$
	Truck	\$	\$
	Barge	\$	\$
	Parcel Post	\$	\$
	Other	\$	\$

Shipment Valuation	Standard: CIF +10% (Invoice value plus freight charge plus ten percent)	
	Sales Valuation: Valued at the sales price less unincurred costs	
	Other (please describe)	

Loss Detail (Hard Copy 5 YR Losses Run to be Attached)	Policy Year	Gross Loss Amount	Nature of Loss	Applicable Deductible
	Comments			

STORAGE (Or Attach Summary of Values)	Location #1	
	Street Address	
	City, State, Country, Zip Code	
	Construction Type	Year Built
	Does the Assured Own or Lease, if leased please describe other occupants	
	Does the location have sprinklers?	Y <input type="checkbox"/> N <input type="checkbox"/> Comments
	Please describe burglar alarm/theft protection	
	Average Values at Location	Maximum Values

Location #2	
Street Address	
City, State, Country, Zip Code	
Construction Type	Year Built
Does the Assured Own or Lease, if leased please describe other occupants	
Does the location have sprinklers?	Y <input type="checkbox"/> N <input type="checkbox"/> Comments
Please describe burglar alarm/theft protection	
Average Values at Location	\$ Maximum Values \$

Location #3	
Street Address	
City, State, Country, Zip Code	
Construction Type	Year Built
Does the Assured Own or Lease, if leased please describe other occupants	
Does the location have sprinklers?	Y <input type="checkbox"/> N <input type="checkbox"/> Comments
Please describe burglar alarm/theft protection	
Average Values at Location	Maximum Values

Location #4	
Street Address	
City, State, Country, Zip Code	
Construction Type	Year Built
Does the Assured Own or Lease, if leased please describe other occupants	
Does the location have sprinklers?	Y <input type="checkbox"/> N <input type="checkbox"/> Comments
Please describe burglar alarm/theft protection	
Average Values at Location	Maximum Values

