

APPLICATION FOR OCEAN CARGO INSURANCE

Date:
☐ OPEN POLICY ☐ TRIP RISK ☐ ONE YEAR TERM POLICY
NAME OF INSURED (Include names of all subsidiary firms or corporations to be insured):
ADDRESS OF INSURED:
NAME OF AGENT OR BROKER:
GEOGRAPHICAL LIMITS:
☐ U.S. TO WORLD ☐ WORLD TO U.S. ☐ WORLD TO WORLD ☐ RIVER SHIPMENTS
☐ GREAT LAKES ☐OTHER:
VALUATION:
AMOUNT OF INVOICE, INCLUDING CHARGES, PLUS OCEAN FREIGHT, PLUS %
□ OTHER:
PRINCIPAL MERCHANDISE TO BE INSURED (Enclose pictures or illustrated catalogs, if available):
PACKING - DESCRIBE IN DETAIL (enclose pictures and diagrams of packing, if available):
INSURING CONDITIONS:
☐ ALL RISKS ☐ DEDUCTIBLE \$ % ☐ FRANCHISE \$ % ☐ FREE OF PARTICULAR AVERAG
☐ WITH AVERAGE 3% ☐ WITH AVERAGE I.O.P.
□ OTHER:
SPECIAL CONDITIONS
☐ WAR RISK ☐ CONTINGENT INTEREST ☐ DIFFERENCE IN CONDITIONS ☐ SR & CC ☐ FOB/FAS
☐ INCREASED VALUE☐ DUTY COVERAGE ☐ WAREHOUSE COVERAGE - Attach list of locations
□ OTHER:
LIMITS OF INSURANCE
\$BY ONE VESSEL \$ REGISTERED OR GOVT. INSURED PARCEL POST
\$ BY ANY ONE VESSEL ON DECK
\$ BY ANY ONE AIRCRAFT
\$ BY ANY ONE TRUCK/R.R. TRAIN \$ UNREGISTERED OR ORDINARY PARCEL POST
\$ BY ANY ONE BARGE

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EXPORTS IMPORTS INSURED VOLUME during the last 12 months \$ \$ \$ ESTIMATED VOLUME to be insured during the next 12 months ESTIMATED AVERAGE VALUE PER SHIPMENT \$ PRINCIPAL COUNTRIES TO WHICH GOODS ARE EXPORTED (Indicate % involved): PRINCIPAL COUNTRIES FROM WHICH GOODS ARE IMPORTED (Indicate % involved): NAME OF PRESENT INSURANCE COMPANY: _____ NAME OF PRESENT BROKER: _____ PREMIUM AND LOSS EXPERIENCE FOR PAST _____ YRS (attach loss analysis if available): _____ WAREHOUSE **EXPORTS IMPORTS** PREMIUM (excluding War) \$ \$ \$ LOSSES PAID AND OUTSTANDING \$ \$ \$ PRINCIPAL KIND OF LOSS: PRINCIPAL COUNTRIES INVOLVED IN LOSSES: **REMARKS:** (attach extra sheets if necessary) ☐ QUOTED ☐ DECLINED Reason: _____ BINDING Effective Date: _____

DESCRIBE NATURE OF ISSURED'S BUSINESS (Manufacturer, Exporter, Commodity Broker, etc.):

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DATE

SIGNATURE OF UNDERWRITER