

Continental Underwriters, Ltd.

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CARGO APPLICATION

Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire is null and void and all claims thereunder shall be forfeited.

1. Name of Applicant: _____

2. Applicant Website: _____

3. Applicant Address: _____

4. Telephone Number: _____

5. Description of operation: _____

6. Principal commodities shipped: _____

7. How are goods packed for import/export: _____

8. Who performs packing/unpacking: _____

9. Primary points of origin and primary points of destination:

Country

%

10. Estimated percentage of shipments that are in door-to-door containers? _____

11. Proposed attachment date: _____

12. Valuation: _____

13. Desired coverage: *(check all applicable items)*

All Risks

All Risks w/ Deductible \$ _____

F.P.A. *(only)*

War

Import Duty

Contingency

F.O.B./F.A.S.

Other _____

INTERNATIONAL TRANSIT

Please list annual volume and per shipment limits breakdown below.

14. Average \$ value per package: _____

15. Average \$ value per shipment: _____

16. Average \$ value per conveyance: _____

17. Maximum \$ value per vessel: _____

18. Maximum \$ value per aircraft: _____

19. Maximum \$ value per barge: _____

20. Maximum \$ value per tow: _____

21. Maximum \$ value per mail: _____

22. Annual \$ volume shipped: _____

23. Percentage of exports/imports:

_____ % Ocean Exports _____ % Ocean Imports

_____ % Air Exports _____ % Air Imports

24. Number of shipments: _____

25. Usual terms of sale: _____

INLAND TRANSIT

(Commodities shipped within borders of a country under separate bill of lading)

26. Limit requested: \$ _____

27. Annual \$ volume shipped: _____

28. Point of Origin: _____

29. Point of Destination: _____

30. Please check desired coverage: All Risk Other _____

31. Principal countries where domestic shipments occur: _____

32. Deductible options:

\$ _____ \$ _____ \$ _____ \$ _____

33. Average \$ value per shipping package or container per conveyance: _____

34. Maximum \$ value per shipping package or container per conveyance: _____

35. Percentage of shipments by transport:

_____ % Rail _____ % Truck _____ % Air

36. Number of shipments: _____

37. Usual terms of sale: _____

LOSS HISTORY

38. Five year history:

Year	Premium	Paid & O/S Losses	L/R %	Volume (000)	Coverage Terms	Insurance Company
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
TOTALS	\$	\$		\$		

39. Agent/Broker: _____

40. Contact: _____

41. Producer Code: _____

42. Comments: _____

REQUIRED COMPLETION—READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

X

Applicant's Signature

Date

X

Agent's Signature

Date

WAREHOUSE INFORMATION SUPPLEMENT—CARGO

Complete a separate worksheet for each warehouse to be covered. Request for warehouse/processor location coverage. All information must be completed on this form before this coverage can be quoted and/or bound.

1. Name of Applicant: _____

2. Name of Location: _____

3. Address: _____

4. Contact Person: _____

5. Telephone Number: _____

6. Limit of coverage required (stock only): _____

7. Maximum inventory stock: _____

8. Average inventory/stock: _____

9. Operation/types: (check one)

Public warehouse (storage only) Assured's warehouse (storage only) Processing Location

10. Please check desired coverage

All Risks Named Perils

11. Name Perils: _____

12. Deductible options:

\$ _____ \$ _____ \$ _____ \$ _____

13. Earthquake deductible: _____

14. Flood deductible: _____

15. Wind deductible if hurricane exposed: _____

16. Physical Characteristic (please check only one)

- Frame**—Exterior walls are wood or other combustible materials.
- Joisted Masonry**—Exterior walls are constructed of masonry materials and floors and roofs are combustible.
- Non-Combustible**—Exterior walls and floors and roof are constructed of, and supported by metal or other non-combustible materials.
- Masonry Non-Combustible**—Exterior walls are constructed of masonry materials with floors and roof of metal or other non-combustible materials.

17. Age of Building/Year Built: _____

SECURITY AND FIRE PROTECTION

18. Type of premises alarm systems (check all that apply)

- Burglar System Fire System 24-Hour Watchman UL Certified
- No Burglar System No Fire System Grounds Fenced Central Station

19. Type of premises fire protection (check all that apply)

- Sprinkler System Wet Public Fire Dept. Portable Fire Extinguishers
- No Sprinkler System Dry Volunteer Any Combustibles