



CARGO INSURANCE APPLICATION

DATE _____

A. GENERAL INFORMATION

A. Account Name _____

Individual / Sole Proprietorship Partnership Corporation, State of _____

Address: _____

City / State / Country: _____ Postal Code: _____

Website: _____ Phone: _____

B. Insurance Agent or Broker: _____

Address: _____

City / State / Country: _____ Postal Code: _____

Email: _____ Phone: _____

Contact Name and Title: _____

C. Description of Business: _____

Number of years in business under current management: _____

Principal commodities shipped: _____

Describe packing of commodities (include who does packing): _____

SHIPMENT VALUES

	Annual Insured Value (past 12 months)	Est. Insured Value Upcoming Year	Average Value Per Shipment	Maximum Value Per Shipment
Import				
Export				
Domestic				





TRADE LANES

Please list any trade lanes that represent a significant portion of your business.

From	To	% By Air	% By Vessel

BUSINESS INFORMATION TO DETERMINE SPECIAL INSURANCE NEEDS

Do you issue Ocean Bills of Lading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you issue House Air Waybills? If yes, % International: % Domestic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you issue a surface bill of lading and/or receipt for surface transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you involved in packing or stuffing containers at any office location	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you handle shippers who have responsibility for insuring cargo to the port only (i.e. Free On Board / Free Along Side terms of sale?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you work with shippers who have a need for Contingency Coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need to insure duty on any U.S. import shipments? Insuring the duty will allow your importers to pay a premium on the amount of duty paid so it is "reimbursed" if they should have a claim for physical damage after paying out the duty amount to Customs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own or lease any warehouses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you operate your own trucks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you currently have protection for your customer's goods in your warehouses/trucks under another policy (i.e. Property of Others coverage under your Package policy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REQUESTED ADDITIONAL COVERAGE OPTIONS AND/OR VALUATIONS

- Consolidation/Deconsolidation
- Contingency
- Concealed Damage/Shortage
- Domestic Coverage
- FOB/FAS Shipments
- Warehouse "All Risk" Coverage
- NVOCC Legal Liability
- Air Legal Liability
- Bailee Legal Liability
- Additional Named Insured:

Additional Insured Location:





Special Quotes:

Other:

Valuation:

FOB/FAS

CIF + 10%

CIF + Duty + 10%

Selling price

Appraisal

Valued Itemized Inventory

Other:

COMMENTS:

WAREHOUSING – Please complete for each warehouse location

Complete address of warehouse _____

Limit Required at each Location \$ _____

Average Value Stored at each Location \$ _____

Maximum Value Stored at each Location \$ _____

Construction Type: _____

Year Built: _____

Improvements/ Betterments _____

a. Description _____

b. Date of Retrofit _____

Owned/ Leased _____

Other Occupants/ Operations in the building _____

Fire Protection _____

Security _____

a. Type of Alarm _____

b. Monitored, By whom _____

Access Controlled, describe measures _____

Is the warehouse climate controlled? _____

a. Are the temperatures monitored electronically? Central Station?

b. Does location have backup generators? _____





Please provide any disaster contingency plans _____

Does Applicant have any unnamed locations? Please provide.

B. Insurance Coverage Information

A. Proposed Effective Date: _____

LIMITS OF LIABILITY

	Limit Requested	Average Value Shipped
Steamer (Under-Deck):	_____ <i>(Any one vessel)</i>	_____
Aircraft:	_____ <i>(Any one aircraft)</i>	_____
Steamer (On-Deck):	_____ <i>(Any one vessel)</i>	_____
Mail/Parcel Post:	_____	_____
Barge:	_____	_____
Domestic Transit:	_____	_____
Other:	_____	_____

C. Account History

A. Current Insurance Policy with _____

Can you provide a copy of the expiring policy?

Has current insurance company requested replacement of coverage or sent notice of cancelation? Yes No





PREMIUM & LOSS HISTORY (PAST FIVE YEARS)

Year	Marine Premium	Paid Losses & Outstanding	Loss Ratio

Detailed premium and loss history must be supplied to Insurance Company within 45 days of the attachment date.





Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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.

Signature:	Title:
Date:	

(This application must be signed and dated by an officer, managing director, partner, or owner of the company applying for coverage).

*Return Completed Application to: 2300 Barrington Road, Suite 400
Hoffman Estates, IL 60169*

Email: Oceancargo@cultd.com

Signature of Broker

