intact INSURANCE ocean marine

SINGLE SHIPMENT OCEAN CARGO INSURANCE APPLICATION

Applicant's Name: _____

Address: _____

City / State / Zip: _____

Contact Name: _____ Phone: _____

Contact Email: _____

Company Web Site: _____

Other Company Names: _____

_____

Business of Insured:

☐ Manufacturer ☐ Retailer ☐ Wholesaler ☐ Distributor ☐ Processor

☐ Other Define: _____

Describe the nature of your business:

Describe the goods to be insured:

Type of packing:

☐ Wooden cases ☐ Cartons ☐ Bales ☐ Drums ☐ Container ☐ Shrink-wrapped

☐ Palletized ☐ Bulk ☐ Bags, Type, and Ply: _____

☐ Other: _____

Container Service: _____ % Contemplated

Method of container service:

☐ Door-to-Door ☐ Pier-to-Door ☐ Pier-to-Pier

☐ Other: _____

Terms of coverage:

☐ All Risk ☐ Other: _____

_____

Desired deductible amount: $ _____ Percentage: _____ %

Current deductible (if different than above): $ _____

Geographic scope:

Name countries from which the goods will be shipped: (include port name)

_____

_____

_____

Name countries to which goods will be shipped: (include port name)

_____

_____

_____

Terms of sale: _____

Name of shipping line/airline: _____ Name of vessel: _____

Will transhipments be involved: ☐ Yes ☐ No

If yes, provide details: _____

Basis of Valuation

Invoice cost, plus freight plus: _____ % Other (specify): _____

Limits of Liability Required

Vessel: $ _____ Aircraft: $ _____

Single barge/tow: $ _____ Other conveyance: (describe) _____

Domestic inland transit: (if required, describe) _____

Current Insurance Carrier: _____

_____

Has present carrier requested replacement of coverage/given notice of cancellation? ☐ Yes ☐ No

(not applicable in Missouri)

If no cargo policy in force, how has your insurance been handled up to now?

☐ Insured through a freight forwarder ☐ Insured by customer/supplier

☐ Other (specify): _____

_____

Premium and Loss Experience for Past [3] Three Years Loss experience may be separately attached.

Year	Premium	Paid Losses	Outstanding Losses	Cause of Loss	# of Claims

Does the above premium and loss experience include all coverages requested in this application? ☐ Yes ☐ No

Additional coverages requested to be included in quotation:

☐ Wars, Strikes, Riots & Civil Commotions ☐ Duty ☐ Contingent Interest

☐ FOB/FAS ☐ Increased Value/D.I.C

☐ Other (specify): _____

_____

Description of Domestic Inland Transit Movement (if coverage for the single shipment above is required):

Geographical scope of domestic transit required for this single shipment:

_____

Modes of transit:

☐ Rail _____ % ☐ Common carrier _____ %

☐ Owned truck _____ % ☐ Air _____ %

☐ Small package carrier (UPS) _____ % Specify limit per package $ _____

Describe packing: _____

_____

Shipment security (seals, locks, alarms, etc.): _____

_____

Describe special handling (i.e. refrigeration etc.): _____

_____

Description of Domestic/Foreign Warehouse/Processing (if coverage for the single shipment above is required):

Provide the location address below: *complete name, address, city, state, country and zip code/postal code*

Location

_____

_____

_____

Provide location information and type:

Location Information: *Construction type, Burglar / Fire Protection and Sprinkler Information, Year Built*

Location Type: *W – Warehouse Location, P – Processing Location, WP – Warehouse & Processing*

Location Status: *O – Owned, NO – Non Owned, B – Basement Storage, S – Outside Storage*

_____

_____

_____

Provide location contact name and phone number:

Contact Name _____ Phone Number _____

Provide the location limit requested: $ _____

What is the length of time storage of goods will be required (days/months)? _____

Will goods be stored within a fully enclosed building? ☐ Yes ☐ No

Describe (if necessary) _____

IS THE APPLICANT AND ALL THEIR BUSINESS PARTNERS AWARE OF THE UNITED STATES AND FOREIGN COUNTRIES SANCTIONS, RESTRICTIVE LAWS AND REGULATIONS? ☐ Yes ☐ No

DO THEY HAVE AN OFAC COMPLIANCE PROGRAM IN PLACE? ☐ Yes ☐ No

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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, COMMIT A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risks, but it is agreed that this form shall be the basis of the contract should a policy be issued.

APPLICANT'S SIGNATURE: _____

APPLICANT'S NAME: _____

ANTICIPATED ATTACHMENT DATE: _____ DATE OF APPLICATION: _____