intact INSURANCE ocean marine

SEAFOOD – OPEN CARGO POLICY APPLICATION

Applicant's Name: _____

Address: _____

City / State / Zip: _____

Contact Name: _____ Phone: _____

Contact Email: _____

Company Web Site: _____ Program Anniversary Date: _____

Other Company Names: _____

_____

Business of Insured:

☐ Manufacturer ☐ Retailer ☐ Wholesaler ☐ Distributor ☐ Processor

☐ Other Define: _____

Describe the nature of your business:

Describe the seafood to be insured:

Product categories to be insured:

☐ Fresh _____% ☐ Frozen _____% ☐ Canned _____%

☐ Smoked/Cure _____% ☐ Live _____% ☐ Breaded/Prepared _____%

☐ Once frozen then thawed _____%

☐ Other Define: _____% _____

_____

Type of packing:

☐ Packages ☐ Cartons ☐ Bagged, Type _____

☐ Container ☐ Palletized

Describe packing in detail:

Shipped by refrigerated container _____ annual % via vessel or _____ annual % via air

Shipped by non refrigerated container in dry ice _____ annual % via vessel or _____ annual % via air

Shipped by other method, describe: _____, _____ annual %

Please check method of container service: ☐ Door to Door ☐ Pier to Door ☐ Pier to Pier ☐ LCL

Name of container lines used: _____

_____

Geographic Scope:

☐ Import ☐ Export ☐ World to World ☐ Other Specify _____

Principal Trading Areas (Name Countries) and Terms of Sales:

From	Via (Port)	To	Terms of Sale	Estimated Annual Volume (indicate % Insured)

Insuring Conditions:

☐ All Risk, Canned Only ☐ All Risk – 24 Hour Reefer Breakdown

☐ Institute Frozen Food Clause (A) ☐ Institute Frozen Food Clause (C)

☐ Duty ☐ SR&CC ☐ War

Other Terms (Specify)

Current Insuring Conditions

Desired deductible amount: $ _____ Percentage _____ %

Current deductible if different than above: _____

Basis of valuation: Invoice cost plus freight plus _____ %

Other valuation requested (specify) _____

Current valuation if different than above _____

Limits of Liability Required:

Any one vessel _____ Any one aircraft _____

Any one conveyance _____ Any one barge/tow _____

Foreign Parcel Post/FedEx/UPS (per package) _____

Via Vessel:

Average value per shipment: _____ Maximum value per shipment: _____

Via Air:

Average value per shipment: _____ Maximum value per shipment: _____

Via Foreign Parcel Post/FedEx/UPS – International Mail:

Average value per shipment: _____ Maximum value per shipment: _____

Estimated annual volume of shipments: _____ Annual gross sales: _____

Estimated annual insured values – intercompany shipments: _____

Estimated annual insured values – other Define: _____

Prior year annual volume of all shipments: _____

Trade shows, if coverage requested:

Limit any one trade show: $ _____ Number of trade shows (annually): _____

Avg value per trade show: $ _____ Max value per trade show: $ _____

Sales samples, if coverage requested:

Limit any one sales person: $ _____ Number of sales persons (annually): _____

Avg value per sales person: $ _____ Max value per sales person: $ _____

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?

- ☐ A. Insured through a freight forwarder
- ☐ B. Insured by customer or supplier
- ☐ C. Other Please explain: _____

Premium and Loss Experience for Past Five (5) Years (all coverages requested):

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
- ☐ Domestic Inland Transit
- ☐ Foreign Inland Transit
- ☐ Domestic/Foreign Warehouse Coverage
- ☐ Domestic/Foreign Processor
- ☐ Other _____

Description of domestic inland transit operations (if coverage requested):

- ☐ Domestic USA
- ☐ Including Alaska, Puerto Rico, Hawaii and US possessions/territories
- ☐ Including Canada

Average value per shipment: _____ Maximum value per shipment: _____

Limits required per conveyance: _____ Estimated annual volume: _____

Valuation: _____

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.):

Inland transit losses:

Description of foreign inland transit operations (if coverage requested):

☐ Only foreign countries below ☐ Only Mexico ☐ Other (specify): _____

List countries: _____

Average value per shipment: _____ Maximum value per shipment: _____

Limits required per conveyance: _____ Estimated annual volume: _____

Valuation: _____

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.):

Foreign inland transit losses:

DESCRIPTION OF DOMESTIC/FOREIGN WAREHOUSE/PROCESSING OPERATIONS (IF COVERAGE REQUESTED):

For each location* below, insert: *complete name, address, city, state, country and zip code/postal code*

Location 1 _____

Location 2 _____

Location 3 _____

Location 4 _____

Location 5 _____

* Additional locations may be added as separate attachments.

For each location, insert 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*

Loc #	Construction Type	Burglar/Fire Protection and Sprinkler Information	Year Built	Location Type (W, P, or WP)	Location Status (O, NO, B, S)
1					
2					
3					
4					
5					

For each location, insert contact name and phone number:

Loc #	Contact Name	Phone Number

For each location, insert limit requested, average and maximum monthly values:

	Limit Requested	Average Monthly Value	Maximum Monthly Value
Location 1			
Location 2			
Location 3			
Location 4			
Location 5			

Unnamed location coverage required? ☐ Yes ☐ No

Limit requested _____

Of unnamed locations used monthly _____

Average monthly value per location _____

Maximum monthly value per location _____

Unnamed locations are principally located in the following cities, states and countries:

Are any of these locations owned and/or operated by the applicant? ☐ Yes ☐ No

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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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE A 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: _____