

CARGO POLICY APPLICATION

PRODUCER INFORMATION

Producer / Agency Name	
Address	
Telephone Number	
Email	
History on account	Is the account new the producer: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", how many years have you handled the account? _____

INSURED INFORMATION

Proposed Policy Effective Date:

Insured's Name	
Address	
Website	

- Describe the applicant's business and operations:
- List all operating names and/or subsidiaries:
If applicant is a subsidiary, please advise who is the parent company:
- How many years has the applicant been in business:
- Who is your current insurance carrier?
(a.) How many consecutive years have you been with this insurance carrier?
- Has any policy or coverage ever been canceled or non-renewed? Yes No
If "Yes", please explain:

LOSS HISTORY (PLEASE ATTACH FIVE YEAR HARD COPY LOSS RUNS IF AVAILABLE)

Policy Term	Insurer	Net Premium	Losses	Additional Loss Details

ANNUAL EXPOSURE INFORMATION

	Prior Fiscal Year	Current Fiscal Year	Next Fiscal Year
Company Gross Sales	\$	\$	\$

	Annual Values Shipped	% Intended to be Insured by You (Primary)	% Intended to be Insured by Shipper/Consignee (Contingent)
Projected Shipment Values Inbound (Imports to US)	\$	%	%
Projected Shipment Values Outbound (Exports from US)	\$	%	%
Projected Shipment Values Domestic (US and Canada)	\$	%	%
Projected Shipment Values (Intercompany Shipments)	\$	100%	

LIMITS OF INSURANCE REQUESTED

	Per Any One Vessel	Per Any One Aircraft	Per Any One Truck	Per Any One Railcar/Train	Per Any One Barge	Per Any One Parcel Post (USPS / Mail Courier Service Only)
Limit Requested						

DEDUCTIBLE

What is the requested deductible? per occurrence

VALUATION

*Standard Policy Valuation is Invoice Cost + Insurance + Freight + 10% (CIF + 10%)

Do you require different valuation? Yes No If yes, please provide details:

COMMODITY INFORMATION

1. Please provide a breakdown of the goods and/or merchandise to be shipped (detailed description of goods and/or merchandise):

Are the goods and/or merchandise insured : New Used Refurbished "Like New"

Refrigeration Exposure: Do any commodities insured require refrigeration or temperature control? Yes No

If yes, please provide details:

2. What are the principal conveyance methods used (check all that apply)?

Ocean Vessel Aircraft Truck Rail Barge Other:

3. Are Imported or Exported shipments principally moved by ocean vessel? Yes No

If "Yes," are shipments containerized? Yes No

If "No," please provide details: Breakbulk/Bulk Flat Rack Export Skidded Other

4. Are Imported or Exported shipments principally moved by aircraft? Yes No

If "Yes," please confirm method: Cartons Wooden Crates Skidded Drums Other:

5. Who packs the shipments? Shipper Third-Party Packer Manufacturer Packed Other:

6. Are containers opened prior to destination? Yes No

If "Yes", by whom?

7. Any special coverage requests or extensions? Yes No

If "Yes", Please provide details:

GEOGRAPHIC SCOPE

1. What are the primary countries of origin and destination?

2. Do you require **Domestic Transit** coverage for shipments moving only within/between the **Continental United States** and/or **Canada** (this includes intercompany shipments)? Yes No

If you answered "Yes" to requiring domestic transit coverage above, please confirm:

Breakdown of inland conveyance(s) used: % Truck / % Rail / % Air / % Barge / % Other

3. Does the insured move goods to/from or within **Mexico** and/or **Central America**? Yes No

If yes, please provide details:

4. Does the insured move goods to/from or within **Africa**? Yes No

If yes, please provide details:

5. Does the insured move goods *only* within the same foreign country **Foreign Inland Transit**?
(Example: Berlin to Hamburg) Yes No

If yes, please provide details:

WAREHOUSE / STOCK / PROCESSING INFORMATION

Does the applicant require coverage for the insured goods while in storage (outside the normal course of transit)? Yes No

If yes, please provide a list of named locations with applicable information and/or attach an updated Statement of Values (SOV)

Location Address	Maximum Value	Average Value	COPE Info	Year Built	Alarm System	Sprinklered
<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Third Party					<input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Only <input type="checkbox"/> CCTV/Video <input type="checkbox"/> Security/Guards <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Third Party					<input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Only <input type="checkbox"/> CCTV/Video <input type="checkbox"/> Security/Guards <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Third Party					<input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Only <input type="checkbox"/> CCTV/Video <input type="checkbox"/> Security/Guards <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Third Party					<input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Only <input type="checkbox"/> CCTV/Video <input type="checkbox"/> Security/Guards <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other

Is there a Peak Season associated with your business?

Yes

No

If "Yes", please provide details on peak season months:

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.



Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially 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 subjects such person to criminal and civil penalties.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated

Applicant / Named Insured:

Applicant Signature: Title:

Print Name: Date:

Agent/Broker:

Producer's Signature: Title:

Print Name: Date:

License Identification Number or National Producer Number:

(Producers in Florida, California and New York must provide License Identification Number)