

**Open Ocean
 Cargo Application**

Ocean Cargo

Name of Applicant _____

Address _____

Goods (Describe, listing in order of importance as to total annual value shipped, state whether exports or imports by "ex" or "im".)

Goods Shipped ("ex" "im".)	Annual Total Shipped	Insured Shipments by Applicant
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____

Packing Describe applicable packing, i.e. wooden cases, meaning full enclosure by wood; wooden crates meaning skeleton type case not providing full enclosure; cartons and whether fiberboard or corrugated; is steel strapping provided; bags, type used such as burlap, paper and number of ply; steel drums; wood kegs, fiberboard drums; lift van type cargo container, if so, type of shipping package in interior of container.

Briefly outline Assured's operations:

Conveyances used (check which) and limits required:

Vessel \$ _____ ; Aircraft \$ _____ ; Mail (Per Pkg) \$ _____ ; Barge \$ _____

Assume goods customarily stowed under deck unless otherwise indicated below.

List Countries to (or from) which insured shipments by applicant are made, showing approximate % of total volume for each:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Principal U.S. Ports used? _____

% of insured shipments made by container ships _____ %

Are containers used "door to door"? (state otherwise) _____

Are carriers instructed to stow containers underdeck? _____

List principal containers carriers. _____

Insured Valuation required: Invoice and charges, plus freight; plus _____ %.

Insured Valuation other than above:

Average insured per shipping package \$ _____ ; per shipment \$ _____

If via aircraft, state % of invoice value declared to air carriers for carriage _____ %

Type of coverage required All Risks, 3% Average; F.P.A. Theft and/or Non Del.
Other (Describe) _____

Special Conditions required War Risks; S.R.C.C.; Duty; F.O.B./F.A.S.

Computer Insurance, Increased Value Difference in conditions; Warehouse (Give Locations and limits needed at each) _____

How has marine insurance been effected before? (Name Ins. Carrier, Broker, Agent, and Freight forwarder, giving conditions and rates where known) _____

State Annual Premium and type of other policies now written by General Accident for this applicant _____

Has present insurance carrier requested replacement? _____, give notice of cancellation? _____

Marine Premium and loss record for each calendar year for last 5 years showing principal cause of loss and a number of losses:

Year	Premium	Losses (incl Outstanding)	Cause	Number
19				
19				
19				
19				
19				

Most losses occurred to (or from) _____

Of above, approximately how much is annual warehouse premium? _____

Anticipated attachment date _____

Please use additional sheets if necessary.

Agent or Broker _____

Address _____

Date: _____

Producer's Code N' _____