

The Hartford's Worldwide Transportation Policy

A comprehensive policy that protects against all risk*

Flexibility to add optional coverages to meet unique business needs.

- Domestic Transportation
- Installation Coverage
- Exhibition
- Foreign Processing
- Sales Representative samples

Automatic coverage for concealed damage claims.

Coverage for shortage from intermodal containers that are out of your clients' control during transit

Protection against deliberate damage caused by U.S. Customs.

Broad Coverage for returned shipments.

Coverage for losses your client suffers as an unpaid vendor.

Protection of shipments from warehouse to warehouse.

Continuous coverage for containerization, consolidation and deconsolidation

Valuable protection for perishable goods

*Ask your underwriter for details

Worldwide Transportation Application



Pages including this page: _____

Quote Needed By: _____

To: _____ Fax: _____ E-mail: _____

From: _____ Agency: _____

Phone: _____ Fax: _____

Applicant: _____ Effective Date: _____

Mailing Address: _____

Brief Description of Operation: _____

About Your International Shipments

1. Principal commodities shipped by vessel or air:

2. Describe the packaging:

3. Annual value of shipments:

\$ _____ Ocean \$ _____ Air

4. Geographical areas shipped from:

Commodity	From	To	%/Year	% by Vessel	% by Air

Ocean Shipments

Requested Limits:

Per Vessel: _____ Per Barge: _____

Per Vessel "On Deck": _____ Per Mail/Parcel: _____

Per Aircraft: _____ Per Warehouse: _____

Deductible(s): Import: _____ Export: _____

Special: War: Duty: Installation: Exhibition & Processing:

Provide information on all losses for the past three years

Year	Losses (paid and reserve)	Description of Losses

Carrier Providing Cargo Insurance: _____

Domestic Shipments (for Combined Transportation Policy only)

Requested Limits:

Per Any One Vehicle: _____ Catastrophe: _____

Commodity(s): _____ Packaging: _____

Warehouse Limit: _____

Annual Domestic Shipments: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR 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 of Applicant _____ Producer _____