



OCEAN CARGO APPLICATION

INSURED DETAILS

Insured's Name: _____	Insured's Website: _____
Insured's Address: _____	Years in Business: _____
_____	Proposed Effective Date: _____

INSURED CONTACT INFORMATION

Contact Name: _____	E-mail Address: _____
Phone Number: _____	Fax Number: _____

TELL US ABOUT THE INSURED'S BUSINESS

Describe the Insured's Business (i.e. Manufacturer/Distributor/Wholesaler): _____

Is this a start-up business? Yes / No

Is this a freight forwarder, customs broker and/or a logistics company? Yes / No

Are shipments principally import or export? (If both, please provide a percentage of each) _____

Do all shipments originate from or are destined to Canada?: Yes / No

GOODS TO BE SHIPPED

Detailed description of goods/commodities: _____

Describe packaging method (i.e. carton, shrink wrapped, etc.): _____

TURNOVER AND LIMITS

Standard policy valuation is Cost/Insurance/Freight plus 10% (CIF +10%)

Enter requested valuation (if different from standard valuation): _____

Preferred Currency: Canadian / United States

Total Estimated Annual Shipment Values: _____ Total Estimated Annual Sales: _____

Required limit per any one conveyance: _____ Requested Deductible: _____

Maximum value of any one shipment: _____ Avg. value per shipment: _____

No. of shipments anticipated in a 12 month period? _____

METHOD OF PACKAGING

Are shipments principally vessel containerized and/or air shipments? Yes / No

If "no" please provide details: _____

Who packs the container? (Shipper/carrier/other): _____

Where are containers normally unpacked? (Discharge port, consignee's warehouse, other): _____

METHOD OF CONVEYANCE

Please provide a breakdown: _____ % vessel _____ % air

Are any goods and/or merchandise being shipped via barge? Yes / No

Please list countries where goods are being imported/exported:

From: _____ To: _____ %

From: _____ To: _____ %

From: _____ To: _____ %

Do you require any special coverage requests or extensions other than Domestic Transit and Warehouse Coverage? Yes / No

If "yes" please describe: _____

INSURANCE HISTORY

Is there an Ocean Cargo Policy currently in force? Yes / No

If "no", how has the insurance been handled until now? _____

Has this policy been maintained for at least 3 years? Yes / No

Have you sustained any Ocean cargo losses (insured or not) in the last 3 years? Yes / No

Were any of these losses more than \$5,000? Yes / No

If "yes" please provide details (date, \$ amount, description): _____

SUPPLEMENTAL APPLICATION

DOMESTIC TRANSIT

Do you require Domestic Transit coverage between/within the United States and/or Canada? Yes / No

If "yes":

Please provide annual estimated shipment values: _____

Please indicate the Maximum Value of any one shipment? _____

Please indicate the Average Value of any one shipment? _____

Types of conveyance used: Truckers: _____% Air: _____% Rail: _____%

FedEx/UPS: _____% Owned/Leased Vehicle: _____%

INSURANCE HISTORY

Please provide current insurance carrier and rate: _____

Have you sustained any Domestic Transit cargo losses (insured or not) in the last 3 years? Yes / No

Were any of these losses more than \$5,000? Yes / No

If "yes" please provide details (date, \$ amount, description) :

WAREHOUSE

Do you require coverage for the Insured goods while in storage? Yes / No

If yes, please list accordingly:

Name	Address	Limit	Construction/COPE	Sprinkler		Alarm
				Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	
				Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	<input type="checkbox"/>
				Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	<input type="checkbox"/>
				Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	<input type="checkbox"/>

Have there been any previous losses within the last 3 years at any one of the above locations? Yes/No

If yes, please explain in greater detail? _____

COMMENTS

Please provide any other comments relevant to this insurance. Include such things as principal carriers used, reporting procedures requested, whether or not certificates are required and any specific comments or remarks that were not covered elsewhere in this application:

By filling out and submitting this application I understand that the above information and loss exhibits attached, which are correct and complete to the best of my knowledge, is to the basis of insurance, if granted, but does not obligate me to accept the insurance, nor Liberty International Underwriters to accept the risk.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.