



Application For Marine Cargo Quote

BROKER INFORMATION

Producer Name _____
Account Manager Name _____
Company Name _____
Street _____
Street 2 _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____ Email _____

ASSURED INFORMATION

Company Name _____
Street _____
Street 2 _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____ Website _____

ASSURED GENERAL INFORMATION

Goods Insured _____
Anticipated Effective Date _____
Estimated Annual Gross Sales _____
Nature of Operations _____
Loss History _____
Notes/Comments _____

VALUATION INFORMATION

STANDARD:

(A) GOODS and/or MERCHANDISE UNDER INVOICE: Valued at amount of invoice and including all charges in the invoice, and including prepaid and/or advanced and/or guaranteed freight, if any, plus 10%.

(B) INTERCOMPANY SHIPMENTS: Valued at the intercompany invoice, or if no invoice, at replacement cost.

(C) ALL OTHER GOODS and/or MERCHANDISE INCLUDING RETURNED OR REFUSED SHIPMENTS: Valued at replacement cost.

Replacement cost shall be defined as the Assureds cost to replace the goods with like kind, quality and condition.

OTHER:

SHIPPING EXPOSURES

SHIPMENT EXPOSURES Values Reflect	INCOMING		OUTGOING		INTERCOMPANY	
	<input type="checkbox"/> replacement cost <input type="checkbox"/> selling price		<input type="checkbox"/> replacement cost <input type="checkbox"/> selling price		<input type="checkbox"/> replacement cost <input type="checkbox"/> selling price	
Total Annual Value	\$		\$		\$	
Assureds at Risk Percentage		%		%		%
Vendor/Customer at Risk Percentage		%		%		%
Average Shipment Value	\$		\$		\$	
Maximum Shipment Value	\$		\$		\$	
Maximum Value Per Conveyance	\$		\$		\$	
Received From / Shipped To						
Domestic U.S.		%		%		%
Europe		%		%		%
Asia Pacific		%		%		%
Mexico		%		%		%
South America		%		%		%
Russia / Eastern Europe		%		%		%
Other (specify Countries)		%		%		%
Conveyances						
Air		%		%		%
Truck		%		%		%
Vessel		%		%		%
Insured's Vehicle		%		%		%
UPS/FedEx/Airborne		%		%		%
Barge		%		%		%
Rail		%		%		%

Description of Product Packaging and Carrier(s) Used _____

Are there written SOPs (Standard Operating Procedures) given to carriers on shipping and handling goods? If yes, please advised and submit. _____

CAPITAL EQUIPMENT

Major plant moves planned? If yes, please advise. _____

New manufacturing locations to be built out/outfitted? If yes, please advise. _____

SHIPMENT EXPOSURES	Purchase(s) NEW EQUIPMENT	Purchase(s) USED EQUIPMENT	INTERCOMPANY
Total Annual Value	\$	\$	\$
Assureds at Risk Percentage	%	%	%
Vendor/Customer at Risk Percentage	%	%	%
Average Shipment Value	\$	\$	\$
Maximum Value any one piece	\$	\$	\$
Received From / Shipped To			
Foreign Percent	%	%	%
Domestic Percent	%	%	%

Installation / Demonstration

Number Planned _____
 Number of Days _____
 Average Value _____
 Maximum Value _____

Exhibition

Number of Domestic Shows _____
 Number of International Shows _____
 Average Value _____
 Maximum Value _____

LOCATION INFORMATION

The questions in this section are for location(s) where coverage is needed for Raw Materials, Work in Process (WIP) and/or Finished Goods. If location coverage is not required, please do not complete this section.

If coverage is needed, please complete the following for each location:

Location Title: _____
Street: _____
Street 2: _____
City: _____
State: _____
Zip Code: _____
Country: _____

Limit Required at Location: \$ _____
Average Value at Location: \$ _____
Maximum Value at Location: \$ _____
Assured at Risk Percentage: _____ %
Other(s) at Risk Percentage: _____ %

Construction Type: Frame (Class 1)
 Joisted Masonry (Class 2)
 Non-Combustible (Class 3)
 Masonry Non-combustible (Class 4)
 Modified fire restive (Class 5)
 Fire Restive (Class 6)

Year of Building Construction: _____

Construction Updates: Electrical, **Year updated:** _____
 Roof, **Year updated:** _____
 Retro-Fitting, **Year updated:** _____
 Other, please specify including year updated: _____

Purpose: Bulk Manufacturer
 Customer/Clinical Trials
 Fill/Finish / Assembly
 Subcontractor Location
 Storage/Distribution
 Other, please specify: _____

Owned/Operated by: Assembler
 Distributor
 Leased by Assured
 Manufacturer
 Owned by Assured
 Subcontractor

What other operations exist at this location? _____

Fire Protection: Smoke Detectors
 Fire Extinguishers
 Fire Alarm, **specify type** Local Central Station
 Sprinkler System, **specify type** all areas limited area
 Thermal Barriers
 Hydrant, **specify type** On Site Street
 Fire Department, **specify type** Paid Volunteer

- Security:
- Alarm, **specify type** Local Central Station
 - CC TV
 - Gated Campus
 - Guards; **specify type** 24 hour business hours overnight
 - Key Card Access; **specify type** all areas limited area

Are goods located in a restricted access area of location? If yes, please describe. _____

Are goods stored in climate-controlled areas? _____

If yes, will alarms notify a central station in event of temperature change? _____

Are refrigeration/freezer storage units equipped with sprinkler systems and thermal barriers? _____

Is a maintenance/temperature log book kept for refrigeration/freezer storage? _____

Is there a disaster contingency plan in effect in the event there is a loss of power, breakdown of refrigeration equipment, etc? _____

- Catastrophe Exposures:
- Flood Area; **specify type** 500 year 100 year
 - Earthquake
 - Wind

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: 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 AGENT THEREOF, ANY WRITTEN 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.

NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

AUTHORIZED SIGNATION OF APPLICANT
(Must be a principal of the Applicant and a person at risk)

TITLE

Printed Name

Date

Effective Date Requested for this Insurance

If this Application is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this Application is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Name of Insurance Agent

License Identification No.

Authorized Representative