

APPLICATION FOR OPEN CARGO POLICY

Applicant's Name: _____
 Address _____ Street _____
 City & State _____ Zip Code _____

Description of Goods to be covered _____

Method of Packing () Wooden Cases () Cartons () Bales () Drums () Container () Bulk

Container Service _____ % Contemplated
 Please Check Method of Container Service:

Door to Door _____ Pier to Door _____ Pier to Pier _____

Terms of Coverage: () All Risk () Other Terms (Specify)

Deductible Amount: \$ _____ Percentage _____

Geographic Scope () Import () Export () World to World

Principal Trading Areas (Name Countries) and Terms of Sales:

From	Via(Port)	To	Terms of Sale	Estimated Annual Volume (Indicate % Insured)

Basis of Valuation: Valued at amount of invoice including all charges therein, plus any prepaid and/or advanced and/or guarantee freight not included in the invoice, plus 10%.

Other than above, state valuation required _____

Limit of Liability:
 Any one Vessel \$ _____ Aircraft \$ _____ Foreign Parcel Post \$ _____ Barge/Tow \$ _____

Mode of Transportation:
 Steamer _____ % Aircraft _____ % Foreign Parcel Post _____ %

Estimated Volume of Annual Shipments \$ _____
 Current Insurance Carrier _____

Experience for past five (5) years:

Year	Premium	Losses		Recoveries
		Paid	Outstanding	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
.....

OVER

State Principal Causes of Loss (List unusual or large losses) _____

Special Conditions: War, S.R. & C.C. Duty Warehouse Coverage
 Contingent Interest F.O.B./F.A.S. Domestic Transit
 Increased Value/D.I.C. Processor's Other

Present Warehouse Operations (include limits and locations): _____

Note: Are any goods under this operation purchased or acquired domestically? _____ If so, _____%.

Present Domestic Transit Operations (include limits, values shipped and mode of transit): _____

Note: Are any goods under this operation purchased or acquired domestically? _____ If so, _____%.

Comments: _____

Agent/Broker: _____ Phone Number: _____

Address: _____

OPTIONAL QUESTIONS (FOR INTERNAL REFERRAL) _____

Is any part of your operation located outside the U.S.? _____

Do your present insurances (including product liability) cover any exposures you may have outside the U.S.? _____

Date _____ Signature _____