

APPLICATION FOR SEAFOOD - OPEN CARGO POLICY

Applicant's Name: _____
Address _____
City & State _____ Zip Code _____
Contact Name: _____ Phone _____
Contact Email: _____ Company Web Site: _____
Best Time to Call _____ Program Anniversary Date _____

Other Company Names: _____

Business of Insured: Manufacturer Retailer Wholesaler Distributor Processor
 Other Define: _____

Describe the Nature of your business: _____

Describe the Seafood to be insured: _____

Product Categories to be insured: FRESH %__ FROZEN %__ CANNED %__

SMOKED/CURED %__ LIVE %__ ONCE FROZEN THEN THAWED %__

BREADED/PREPARED %__ OTHER DEFINE: % __, _____

Type of Packing : Packages Cartons Bagged, Type _____ Container
 Palletized

Describe Packing in detail: _____

Shipped by Refrigerated Container _____ Annual % via Vessel or Air -

Shipped by Non Refrigerated Container in Dry Ice _____ Annual % via Vessel or Air -

Shipped by Other Method, Describe: _____, _____ Annual %

Please check Method of Container Service: Door to Door _____ Pier to Door _____ Pier to Pier _____

LCL _____ Name of Container Lines Used: _____

Geographic Scope: () Import () Export () World to World () Other Specify _____

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

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

Insuring Conditions: () All Risk , Canned Only () All Risks- 24 Hour Reefer Breakdown

() Institute Frozen Food Clause (A) () Institute Frozen Food Clause (C)

() Duty () SR&CC () War

Other Terms (Specify) _____

Current Insuring Conditions _____

Desired Deductible Amount: \$ _____ Percentage _____ %

Current Deductible if different than above: _____

Basis of Valuation: Invoice Cost plus Freight Plus _____ %

Other Valuation Requested (Specify) _____

Current Valuation if different than above _____

Limits of Liability Required:

Any One Vessel _____ **Any One Aircraft** _____

Any One Conveyance _____ **Any One Barge/Tow** _____

Foreign Parcel Post/FedEx/UPS (Per Package) _____ **Any One Trade Show** _____

Number of Trade Shows Annually _____

Via Vessel :-
Average Value Per Shipment: _____ **Maximum Value Per Shipment:** _____

Via Air:-
Average Value Per Shipment: _____ **Maximum Value Per Shipment:** _____

Via Foreign Parcel Post/Fed Ex/ UPS - International Mail:-
Average Value Per Shipment: _____ **Maximum Value Per Shipment:** _____

Average Value Per Trade Show: _____ **Maximum Value Per Trade Show:** _____

Estimated Annual Volume of Shipments: _____ **Annual Gross Sales:** _____

Estimated Annual Insured Values - Intercompany Shipments _____

Estimated Annual Insured Valued - Other, Define: _____

Prior Year Annual Volume of all Shipments: _____

Current Insurance Carrier: _____ **Has Present Carrier Requested Replacement of Coverage/ Given Notice of Cancellation? Yes** _____ **No** _____

If No Cargo Policy in Force, How Has Your Insurance Been Handled Up to Now:

- A. Insured Through a Freight Forwarder ()**
- B. Insured By Customer or Supplier ()**
- C. Other () Please Explain:** _____

Premium and Loss Experience for Past Five (5) Years (all coverages requested):

Year	Premium	Paid Losses	Outstanding Losses	Recoveries	Principal Cause of Loss	# of Claims
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Does the above Premium and Loss Experience include War, Domestic or Foreign Transit or Warehouse/Processing Premium? Yes _____ **No** _____

ADDITIONAL COVERAGES REQUESTED:

To Be Included In Quotation: () War, Strikes, Riots & Civil Commotions () Duty

() Contingent Interest () FOB/FAS () Increased Value/D.I.C. () Domestic Inland Transit

() Foreign Inland Transit () Domestic /Foreign Warehouse Coverage

() Domestic/Foreign Processors () Other _____

Description of Domestic Inland Transit Operations (If Coverage Requested):

() DOMESTIC USA ONLY () INCLUDING CANADA

Geographic Limits: _____

Average Value per Shipment: _____ Maximum Value Per Shipment: _____

Limits Required: _____ Estimated Annual Volume: _____

Valuation: _____ Modes of Transit: Rail ____ % Common Carrier ____ %

Owned Truck ____ % Air ____ % Describe Packing: _____

Shipment Security (Seals, Locks, Alarms etc.) _____

Describe Packing, including details regarding Refrigeration: _____

Inland Transit Losses: _____

Description of Foreign Inland Transit Operations (If Coverage Requested):

() FOREIGN COUNTRIES ONLY () INCLUDING MEXICO () OTHER _____

Geographic Limits: _____

Average Value per Shipment: _____ Maximum Value Per Shipment: _____

Limits Required: _____ Estimated Annual Volume: _____

Valuation: _____ Modes of Transit: Rail ____ % Common Carrier ____ %

Owned Truck ____ % Air ____ % Describe Packing: _____

Shipment Security (Seals, Locks, Alarms etc.) _____

Describe Packing, including details regarding Refrigeration: _____

Inland Transit Losses: _____

Description of Domestic /Foreign Warehouse/Processing Operations (If Coverage Requested):

KEY - Insert W - Warehouse Location, P - Processing Location

IMPORTANT Location Information *Cons/Prot. (Request for each Named Location - Provide

Construction, Protection and Sprinklered or Non Sprinklered location information)

Location :Name, Address Zip Code, Country	Average Monthly Value	Maximum Monthly Value	Location Const./ Protect*	Required Limit	Key W or P	Seafood Type
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Additional Locations can be attached on Separate Sheet.

Unnamed Location Coverage Required ? Yes_____ No_____ Requested Limit_____

Are Any of These Locations Owned and/or Operated by the Applicant? Yes_____ No_____

Please indicate Owned Locations above by adding 0 to the Key Column.

Is the Applicant and all their business partners aware of the United States and Foreign Countries restrictive laws and regulations? Do they have an OFAC compliance program in place? Yes ___ or No ___

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF 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.

Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Applicant:_____

Anticipated Attachment Date :_____

Signature of Applicant:_____ Date of Application:_____