



# Annual (Open) Cargo Policy Application

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Year Established: \_\_\_\_\_ Web Address: \_\_\_\_\_ Annual Gross Sales: \_\_\_\_\_

### Percentage breakdown of merchandise shipped:

General Commodities: _____%	Personal Effects: _____%	Autos: _____%
Refrigerated: _____%	Break-bulk: _____%	Electronics: _____%*

\*Shipments of electronics require full detailed description, maximum shipment value, packaging, security, geographics and loss history:

### Countries shipped from/to and percentage of overall volume in each trade lane:

_____	To _____	_____%
_____	To _____	_____%
_____	To _____	_____%

Is Bailee Coverage Required?  Yes  No  
 Are Bonds Required? NVOCC  Freight Forwarder  ICB  U.S. Customs   
 Do you sell importer bonds to your customers?  Yes  No

Limits: Policy Limit Ocean: \$ \_\_\_\_\_ Policy Limit Air: \$ \_\_\_\_\_  
 Domestic Truck: \$ \_\_\_\_\_ Domestic Courier: \$ \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Premium Paid Last Year: \$ \_\_\_\_\_

Loss History:	Amt. Paid	Description (i.e. wet damage, missing, etc.)
Last Policy Year:	_____	_____
Year Prior:	_____	_____
Year Prior:	_____	_____

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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