



# High Volume Shipper Discount Rate Request

Your Customers Company Name: \_\_\_\_\_

Annual Gross Sales: \$ \_\_\_\_\_

Detailed description of merchandise:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Shipments of electronics require detailed description, packing, mode of transport, security, maximum shipment value, geographics and loss history.*

Commodity:  New  Used  
 Container  Non-Cont.

Type of Coverage:  All Risk  FPA  
Include War, Strikes, Riots and Civil Commotion:  Yes  NO

Annual Insured Values: Import \$ \_\_\_\_\_ Export \$ \_\_\_\_\_  
Domestic Truck \$ \_\_\_\_\_ Domestic Courier \$ \_\_\_\_\_

Countries shipped from/to and percentage of overall volume in each trade lane:  
\_\_\_\_\_  
\_\_\_\_\_ To \_\_\_\_\_ %  
\_\_\_\_\_  
\_\_\_\_\_ To \_\_\_\_\_ %  
\_\_\_\_\_  
\_\_\_\_\_ To \_\_\_\_\_ %  
\_\_\_\_\_  
\_\_\_\_\_ To \_\_\_\_\_ %

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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