



Annual (Open) Cargo Policy Application

Company Name: _____ Contact: _____
 Mailing Address: _____
 Phone: _____ Fax: _____ e-mail: _____
 Year Established: _____ Web Address: _____ Annual Gross Sales: _____
 Detailed Description of Merchandise: _____

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 _____ %

Domestic Only? Yes No
 For imported shipments, insure Customs Duty? Yes No

Valuation: Invoice Value Only Invoice Value and Freight Invoice Value, Freight and 10%

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

Average Dollar Amount Per Shipment:
 Via Ocean: \$ _____ Via Air: \$ _____
 Via Domestic Truck: \$ _____ Via Domestic Courier: \$ _____

Type of coverage: All Risk FPA
 Include War, Strikes, Riots and Civil Commotion: Yes No
 Is warehouse storage coverage required: Yes No

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

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

Signature: _____ Print Name: _____

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