

Email completed/signed form to [info@hwinsured.com](mailto:info@hwinsured.com)
**GENERAL INFORMATION**

<b>Company Name:</b>		<b>Other Company Names (if any):</b>	
<b>Address (Street, City, State, Zip):</b>			
<b>Contact Name:</b>		<b>Web Address:</b>	
<b>Telephone #:</b>	<b>Yrs in Business:</b>	<b>Proposed Effective Date:</b>	

**CARGO INFORMATION**

<b>Describe Nature of Business:</b>
<b>Principle Goods to be Insured:</b>
<b>Packaging Description:</b>

**TRANSIT INFORMATION**

<b>Geographical Limit</b>	<b>Annual # of Pkgs/Shpmts</b>	<b>Annual \$\$ Values Shipped</b>
<input type="checkbox"/> U.S. to U.S (domestic inland transit) Values based on: <input type="checkbox"/> cost <input type="checkbox"/> selling price		
<input type="checkbox"/> World to U.S. (import) Values based on: <input type="checkbox"/> cost <input type="checkbox"/> selling price		
<input type="checkbox"/> U.S. to World (export) Values based on: <input type="checkbox"/> cost <input type="checkbox"/> selling price		
<input type="checkbox"/> World to World (international) Values based on: <input type="checkbox"/> cost <input type="checkbox"/> selling price		

<b>Average Value per Shipment:</b>	<b>Max Value per Shipment:</b>
<b>Average Value per Package:</b>	<b>Max Value per Package:</b>
<b>Avg and Max Values per Container (if any):</b>	<b>% of domestic shipments Air vs LTL/Truck vs Small Pkg:</b>

**INTERNATIONAL INFORMATION**

Top 3 Countries Importing from:	% of Total	Top 3 Countries Exporting to:	% of Total

**INSURANCE AND LOSS INFORMATION**

**Current Insurance Carrier:**

---

**Current Deductible for Small Pkg Shipments:**

Date of Loss	Description of Loss	Claim Amt Filed	Claim Amt Paid
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Remarks:**

---

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Questions?**

**626-359-6683 or email us at [info@hwinsured.com](mailto:info@hwinsured.com)**