 **Cargo Insurance Application**

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| **GENERAL INFORMATION** |

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

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| **CARGO INFORMATION** |

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| **Describe Nature of Business:**  |
| **Principle Goods to be Insured:**  |
| **Packaging Description:**  |

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|  **TRANSIT INFORMATION**  |

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| **Geographical Limit** | **Annual # of Pkgs/Shpmts** | **Annual $$ Values Shipped** |
| [ ]  U.S. to U.S (domestic inland transit)Values based on: [ ]  cost [ ]  selling price |  |  |
| [ ]  World to U.S. (import)Values based on: [ ]  cost [ ]  selling price |  |  |
| [ ]  U.S. to World (export)Values based on: [ ]  cost [ ]  selling price |  |  |
| [ ]  World to World (international)Values based on: [ ]  cost [ ]  selling price |  |  |

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

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| **INTERNATIONAL INFORMATION** |

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| **Top 3 Countries Importing from:** | **% of Total** | **Top 3 Countries Exporting to:** | **% of Total** |
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| **INSURANCE AND LOSS INFORMATION** |

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| **Current Insurance Carrier:** |
| **Current Deductible for Small Pkg Shipments:** |

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| **Date of Loss** | **Description of Loss** | **Claim Amt Filed** | **Claim Amt Paid** |
|  |  | $  | $ |
|  |  | $  | $  |
|  |  | $  | $  |
|  |  | $  | $  |
|  |  | $  | $  |

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| **Remarks:** |
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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |