



Application Form for Marine Cargo & Stock Insurance

****This proposal form must be completed by the Proposed Insured**

1. Insured's full name and address:

2. Date business started: _____

3. Description of Insured's activity including information about the goods and their intended final use:

4. Annual Sales 2007: _____
Annual Sales 2008: _____
Annual Sales 2009: _____
Annual Sales 2010: _____
Estimated Annual Sales 2011: _____
Estimated Annual Sales for next 12 months: _____

5. Average and maximum values at each location:

	Location Name & Address	Average Value	Maximum Value
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____

6a. Estimated Value of Domestic shipments (incoming) for next 12 months:

6b. Valuation Basis:

6c. Terms of Purchase:

7a. Estimated Value of overseas shipments for next 12 months (imports):

7b. Valuation basis:

7c.. For overseas shipments (incoming shipments) please detail country of origin, conveyance and approximate value imported. Please also indicate where your responsibility begins i.e. the terms of purchase:

	Country of Origin	Approx Value	Conveyance	Terms of Purchase
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____
(c)	_____	_____	_____	_____
(d)	_____	_____	_____	_____

8. Estimated Value of Overseas (shipments) Exports for next 12 months:

8a.. For overseas (shipments) exports please detail country of destination, conveyance and approximate value exported. Please also indicate where your responsibility ends i.e. terms of sale

	Country of Destination	Approx Value Exported	Conveyance	Terms of Sale
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____
(c)	_____	_____	_____	_____

9. Estimated Total Value of items transported/shipped (outgoing) for next 12 months within the continental US or Canada :

10. Are own vehicles used for inland (shipments) transits?

11. Are third party carriers (common carriers) used? (If yes, identity the most commonly used):

11a Estimated value of annual shipments by third party carriers:

11b Is contingent Transportation coverage needed for shipments transported by common carriers?

12. Average and maximum values in transit:

Conveyance	Average Value	Maximum Value
Sea	_____	_____
Air	_____	_____
Train	_____	_____
Truck	_____	_____
Owned Vehicles	_____	_____

13. Please describe the packaging normally adopted during transit:

14a Please provide details of construction and age of all Buildings:

14b Please describe security along with fire protection and theft precautions at each location:

15. Who are your present insurers?

16. When is your current policy due for renewal?

17. What are your current deductibles?

18. Last 5 years loss history:

Should there not be enough room on the proposal form to fully enter the details required, please continue on a separate sheet of paper and attach to the last page of this document.

It is the duty of the Insured's and their Agents to disclose all material facts to Underwriters before the contract or insurance is concluded and any failure to do so entitles Underwriters to avoid the contract. Completion of this questionnaire does not relieve the Insured and their Agents of this duty and it is essential that all material facts which are not included within the answers to the questions posed herein are disclosed to Underwriters in addition.

I declare that the attached particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between me and the Underwriters if a policy is issued.

Signed: _____

Dated: _____