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 409 Granville Street, Suite 600  
 Vancouver, B.C., Canada V6T 1T2  
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## Application for Ocean Cargo Insurance

### Section 1 – General Information

Applicant's Name		Broker's Name		
Applicant's Address		Broker's Address		
		Broker's Tel. No. (                      )		
Producer's Name	Tel. No.		Fax	
Nature of Applicant's Business		Number of Years in Business		
Does applicant have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide the following information				
Name of Current Carrier		Number of Years with Current Carrier		Rates and Terms with Current Carrier
Reason for Change				
<b>Please provide the loss history over the last three years</b>				
Year	Premiums Paid	Losses Paid	Losses Outstanding	Details
Insurance required for <input type="checkbox"/> Imports <input type="checkbox"/> Exports <input type="checkbox"/> Both				
List Products being shipped (please attach any descriptive literature)      Are products <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Both				
<b>Section 2 – Nature of Packing</b>				
Are individual items packed in <input type="checkbox"/> Cartons <input type="checkbox"/> Crates <input type="checkbox"/> Drums <input type="checkbox"/> Bales				
If special wrapping, please describe				



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Are containers used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, are containers	<input type="checkbox"/> Full	<input type="checkbox"/> Consolidated	<input type="checkbox"/> Reefer
Are items professionally packed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, who did the packing
Marks or advertising on cartons and/or cases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please describe			
Any special agreement with carriers that limit liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please describe			

### Section 3 – Cargo

#### Countries of Origin and Destination

Point of Origin	Destination	Approx. % of total

Value of Insured Shipments per annum	\$	Currency
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Value by Mode of Transport	By Sea \$	By Air \$	By Other \$
Limit Required	By Sea \$	By Air \$	By Other \$

Maximum value per package \$	Per Shipment \$
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Average value per shipment \$
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Approximately what percentage of shipments require transshipment
_____ %

Value Cargo Invoice + Freight + _____ %	Do you wish to insure duty and taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What is the average rate of duty paid on your imported cargo?
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What deductible do you require?	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1000	<input type="checkbox"/> Other
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Transit Protection Required		
<input type="checkbox"/> All Risk	<input type="checkbox"/> Named Perils	<input type="checkbox"/> Total Loss Only
Other Protection Required		
<input type="checkbox"/> War	<input type="checkbox"/> Strikes	<input type="checkbox"/> Other Special Coverage (please describe)
<b>Section 4 – Supplementary Cover</b>		
<b>Pure Domestic Inland Transit (Independent from Ocean and Air Transit)</b>		
Geographical Limit		
What mode of transport is used? <input type="checkbox"/> Truck <input type="checkbox"/> Other (please describe)		
Are Trucks <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Are Common Carriers Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insured values per annum \$	Currency	
Limits Required	By Truck \$	By Other \$
Domestic Transit Protection Desired		
<input type="checkbox"/> All Risk	<input type="checkbox"/> Named Perils	<input type="checkbox"/> Total Loss Only
What deductible do you require?		
<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1000 <input type="checkbox"/> Other
<b>Section 5 – Additional Information</b>		
Additional Information		
This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be made a part of said policy. The undersigned applicant declares that to the best of his/her knowledge, the statements included in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of the application and the time at which a policy is issued, the applicant must notify the company of said changes.		
Insured's Signature	Date of Signature	