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Application for Ocean Cargo Insurance

Insurance for
Things That Move.™

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

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				
Please provide the loss history over the last three years				
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				

Section 2 – Nature of Packing

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				
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		
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 \$			
Average value per shipment \$					
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		
What is the average rate of duty paid on your imported cargo?					
What deductible do you require?					
<input type="checkbox"/> \$500		<input type="checkbox"/> \$750		<input type="checkbox"/> \$1000	
<input type="checkbox"/> Other					
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)	
Section 4 – Supplementary Cover					
Pure Domestic Inland Transit (Independent from Ocean and Air Transit)					
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?

\$500

\$750

\$1000

Other

Section 5 – Additional Information

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