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## Application for Trade Disruption 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

Legal Name & Mailing Address

Risk Address (if different than above)

New Policy

Renewal Policy

Years in Business

No of Employees

Payroll

No. of Branches

Public / Private

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Primary business

### Section 2 – Risk Details

Precise details of the supply route

Are there any transshipments?

Details of vessels used

Can the vessels be replaced?

Can an alternate route be taken?

If the answer to the above is 'Yes' please provide details of the following:

The alternate route

Length of time the alternate route would take

Additional cost of taking the alternate route

Where does the title pass?

Detail of suppliers including their location and % of overall sales

Are the suppliers publicly or privately owned?

## Section 2 – Risk Details continued

Is there an alternate supply source available for this trade?

If the answer to the above is 'Yes' please provide details of the following:

The alternate supply source

Amount, if any, of additional cost for using this source

How quickly can this source be used following a loss?

Is there an alternate buyer if the supply route is blocked? If so, where is this buyer located and what would be the extra cost of selling to this buyer?

How are the good packaged?

Number of shipments per month

Turnover in respect of this trade (for last three years)

Profit margin in respect of this trade and how calculated

Are there any permits or authorisations required for this trade and, if so, are these in place?

## Section 3 – Limit Requirements

Limits of Coverage

Requested sum insured

Retention sought

What does the sum insured represent?

Breakdown of sum insured – maximum daily amount and number of days

How much of a safeguard (in days or amount) is available to the Applicant before either stock is exhausted or contractual days are exceeded?

## Section 4 – Historical Loss Information

Loss history for this trade

Please outline any instances during the last 5 years where this trade has suffered a loss

## Section 5 – Supplementary Information

Please provide the primary reason and/or concern that motivates the buying of this insurance

Please list any peril of particular interest to the Applicant

## Section 6 – Applicant's Signature

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance company strongly recommends that you examine the quotation with your Insurance Broker before acceptance. **I hereby confirm that the information given above and in any attached sheet(s) is true and correct.**

Name of Applicant (Please Print)

Applicant's Signature

Title

Date Signed