



[Commercial Marine]

**CARGOSURE OCEAN
OPEN CARGO POLICY APPLICATION**



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CARGOSURE OCEAN: OPEN CARGO POLICY APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Desired Effective Date: (MM/DD/YYYY) _____ Desired Expiry Date: (MM/DD/YYYY) _____

PART 2 DESCRIPTION OF OPERATIONS

Narrative Description of Operations:

Number of years in business: _____ Years' of related experience: _____

TOTAL ANNUAL VOLUME OF:

Exports \$	Imports \$	Domestic Inland Transit \$
Average Value per consignment by:	Sea \$	Air \$
Estimated amount of annual shipments by:	Sea \$	Air \$

PRINCIPLE COMMODITIES AND GEOGRAPHIC LIMITS:

Commodity	Country	% of Annual Sales	% by Vessel	% by Air

PART 3 CARGO

Cargo to be Insured (please describe):

New Used Packing: _____

Marks or Advertising on cartons or crates? Yes No If "Yes", please describe: _____

CONTAINERIZED SHIPMENTS:

Percentage shipped in:	Containers	Door to Door	Consolidated	Reefers	Average Value per Container	Maximum Value per Container
	%	%	%	%	\$	\$

Who packs your containers? _____

BASIS OF VALUATION:

Valued at Amount of Invoice, Insurance and any Freight at risk, plus: %

PART 3 LIMITS OF LIABILITY**LIMITS OF LIABILITY REQUESTED:**

By any one of the following and usual connecting conveyance:	Vessel: \$	Aircraft: \$
	Truck: \$	Rail: \$

By any one BARGE Shipment:

Names of Steamship Lines / Airlines Principally Used:

% of total annual volume shipped by barge: % Does Applicant release Barge Line or Towing company from Liability? Yes No**OPTIONAL COVERAGES REQUIRED:**

Duty insurance on import shipments? <input type="checkbox"/> Yes <input type="checkbox"/> No	War, Strikes Riots and Civil Commotion Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contingency coverage on imports / exports? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other (Please specify):

DOMESTIC TRANSPORTATION COVERAGES:

Limits of Liability Requested: \$ Estimated Annual Value of North American shipments: \$

Principal Commodities and Packing:

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Approximate % of Values Shipped by:	Rail: \$	Couriers: \$	Air: \$
	Contract Carrier Truckman: \$	Common Carriers Truckman: \$	Vehicles Owned by Applicant: \$

EXHIBITION RISKS - List locations where exhibition(s) will be held:

Location	Limit of Liability Required
	\$
	\$
	\$

PART 6 LOSS HISTORYCheck here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Previous Insurer:

Has any Insurer cancelled, declined, or refused you coverage? Yes No If Yes, explain:

Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____