## **CARGO OPEN POLICY APPLICATION**



Applicant:											
Address:											
City:					Province:						
Postal Code:					Policy E	ffective Date:					
	THE APPLICANT'S E	BUSINESS									
								# of years	in Busines	55:	
TOTAL ANN Exports \$	UAL VOLUME OF:		Impo	orts \$			Dom	estic Inland T	[ransit		
Average Value per consignment by:			Sea			Air			Inland		
Estimated am	ount of annual shipn	nents by:	Sea			Air			Inland		
PRINCIPLE C	OMMODITIES AND	GEOGRAPHIC LI	MITS								
Commodity		Country			% of Annual Sales		% by Vessel		% by Air		
CARGO TO	BE INSURED (Describ	e)					I				
New or Used											
Packing											
Marks or Adve If Yes, please	ertising on cartons or describe	crates?	🗋 Ye	es 🖵 No							
CONTAINERIZED SHIPMENTS		D (1	Conselidated		Ave			erage Value	rage Value Maximu		
% shipped in	Containers	Door/door		Consolidated	Reefers		per Container			per Container \$	
	%	%		%	%		\$				
	our containers?										
BASIS OF V	ALUATION										
	nount of Invoice, Insu		ight a	at risk plus:		%					
	<b>IABILITY REQUESTE</b> the following and us		onveva	ance: Vessel:				Aircraft:			
	ARGE shipments:	g									
	amship Lines/Airlines	Principally Used:									
% of total and	nual volume shipped	by barge.			%						
	t release Barge Line o		n Liał	pility? 🖵 Yes							

OPTION/	AL COVERAGES REQUIRED								
Duty Insur	ance on Import Shipments?	🖵 Yes	🖵 No		C	6			
Contingency coverage on Imports / Exports?  Yes No				- War, Strikes Riots and Civil Commotion Coverage? L Yes L No					
Other - Pl	ease specify:			1					
DOMEST	TIC TRANSPORTATION COVER	RAGES							
Limits of L	iability Requested: \$		Estimated Anr	nual Value of North America	n shipments:	\$			
Principle C	Commodities and Packing:		1						
Approvim	ate % of Values Shipped by:	Rail \$		Couriers \$		Air \$			
	ate % of Values Shipped by:	Contract Carri \$		Common Carriers Truckn \$	nan	Vehicles Owned by Applicant \$			
EXHIBITI	<b>ON RISKS</b> - List Locations whe				1	11 1. C. 1. 1. 11.	<b>N 1 1</b>		
Location						Limit of Liability Needed			
DDEMUU		NOV During pro	views five (E) years for	ar all coverages being reques	tad				
PREMIUM & LOSS EXPERIENCE HISTORY - During previous five (5) years for all converses   Year Premiums Paid Loss Description						Losses Paid	Outstanding or		
							Estimated		
PREVIOU	IS INSURER								
Company:							rs with nt Insurer:		
Additional	Information:			L					

Applicant:	Broker:	Dated:

The information set forth in this application is warranted correct and a true basis on which insurance may be granted, but in no way binds the applicant to accept quotation or insurers to accept risk.