



Fiercely Committed.
Proudly Independent.

TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com

WEB
xsbrokers.com

APPLICATION FOR OCEAN CARGO INSURANCE

Date: _____

Open Policy Trip Risk One Year Term Policy

To be effected with _____ Insurance Company

Name of Assured (Include names of all subsidiary firms or corporations to be insured)

Address of Assured _____

Telephone _____ Fax _____

Name of Agent or Broker _____

Address of Agent or Broker _____

Telephone _____ Fax _____

Geographical Limits

U.S. to World World to U.S. World to World River Shipments Great Lakes Other: _____

Valuation

Amount of Invoice, including charges, plus ocean freight, plus _____%

Other: _____

Principal Merchandise to be insured (enclose pictures or illustrated catalogs, if available):

Packing - Describe in detail (enclose pictures or illustrated catalogs, if available):

Insuring Conditions

All Risks Deductible \$ _____% Franchise \$ _____%

Free of Particular Average With Average 3% With Average I.O.P.

Other: _____

Special Conditions

- War Risk Contingent Interest Difference in Conditions S.R. & C.C.
- FOB/FAS Increased Value Duty Coverage Warehouse Coverage
- Processor's Coverage Installation Coverage Exhibition Coverage *(Attach list of locations)*
- Other: _____

Limits of Insurance

- \$ _____ By One Vessel \$ _____ Registered or Govt. Insured Parcel Post
- \$ _____ By Any One Vessel On Deck \$ _____ Unregistered or Ordinary Parcel Post
- \$ _____ By One Aircraft \$ _____ By Any One Barge
- \$ _____ By Any One Truck, R.R. Train

Describe Nature of Assured's Business (Manufacturer, Exporter, Commodity Broker, etc.)

	EXPORTS	IMPORTS
INSURED VOLUME during last 12 months	\$ _____	\$ _____
ESTIMATED VOLUME to be insured during next 12 months	\$ _____	\$ _____
ESTIMATED AVERAGE VALUE PER SHIPMENT	\$ _____	\$ _____

Principal countries to which goods are exported (Indicate % involved)

Principal countries from which goods are imported (Indicate % involved)

Name of Present Insurer: _____	Name of Present Broker: _____
-----------------------------------	----------------------------------

Premium and Loss Experience for past 5 YRS (attach loss analysis if available)

	Exports	Imports	Warehouse
Premium (excluding War)	\$ _____	\$ _____	\$ _____
Losses Paid and Outstanding	\$ _____	\$ _____	\$ _____

Principal kind of loss

Principal Countries Involved in Losses

Remarks (attach extra sheets if necessary):

FOR XSBROKERS USE ONLY

- QUOTED
- DECLINED
- BINDING

Reason: _____
Effective Date: _____