

Application for Cargo Insurance  
Single Shipment

*Atlantic Marine Underwriters Inc.*

**Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1**  
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Applicant's Name:		Broker's Name:	
Address:		Address:	
Producer's Name:		Tel. #	Fax #
Insurance required for: <input type="checkbox"/> Sea <input type="checkbox"/> Air <input type="checkbox"/> Truck / Rail only			
List Products being shipped                    Are products: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Both			
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 packing?			
Marks or advertising on carton and/or cases: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
Any special agreement with carriers which limit liability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
Have you had any previous transportation insurance of this type, if so, please provide loss experience and the name of the Insurer?			
Cargo:			
Countries of origin and destination: Point of origin:		Via:	Destination:
If by Sea:			
Name of Vessel:		Sailing Date:	Bill of Lading No.
Vessel to be advised and approved by Underwriters prior to shipment			
If by Air:			
Name of Airline Company		Flying Date:	Airway Bill No.
If by Truck: Are Trucks:		<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Are Common Carriers employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Trucking Company		Transit Date:	Bill of Lading No.
Limit of insurance required: (Invoice Value + Freight + Duty + Tax)			
What deductible do you require: <input type="checkbox"/> \$500. <input type="checkbox"/> \$750. <input type="checkbox"/> \$1,000. <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):			
Name and full address of Consignee:			
The completion and signing of this application does not bind the applicant or the company to effect insurance on the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.			
Signature of Applicant			Date