

Application for Ocean Cargo Insurance *Atlantic Marine Underwriters Inc.*

Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1
Tel: (705) 878-9014 Fax: (705) 878-4387 www.atlanticmarine.net

Applicants Name: _____ Brokers Name: _____
Address: _____ Address: _____

Producer's Name: _____ Tel: _____ Fax: _____ Email: _____

Nature of Applicants Business: _____ # of years in business: _____

Has applicant had previous insurance? yes no - If yes, please advise:

- Current carrier: _____ # of years with current carrier: ____ Rates & terms: _____
- Reason for change? _____

Insurance required for: Imports Exports Both

LIST PRODUCTS BEING SHIPPED (attach any descriptive literature) _____

- Are products: New Used

LOSS HISTORY (last five years)

<u>Year</u>	<u>Premiums Paid</u>	<u>Losses Paid</u>	<u>Losses Outstanding</u>	<u>Loss Details</u>

NATURE OF PACKING

Are individual items packed in: cartons crates drums bales
If special wrapping, please describe: _____
Are containers used? Yes No If yes, are containers: Full Consolidated Reefer
Are items professionally packed? Yes No If No, who does the packing? _____

MARKS OR ADVERTISING ON CARTONS AND / OR CASES

If yes, please describe: _____
Any special agreement with carriers that may limit liability? Yes No
If yes, please describe: _____

CARGO - Countries of origin and destination

<u>Point of Origin</u>	<u>Destination</u>	<u>Approximate % of Total</u>

Actual Insured Values for term just past: _____ Currency: _____
Estimated Insured Values for next term: _____ Currency: _____

Insured Values by mode of Transport: by Sea \$ _____ by Air \$ _____ by Other: _____
Limit Required: by Sea \$ _____ by Air \$ _____ by Other: _____

Maximum Value per Package: \$ _____
Average Value per Shipment: \$ _____

Approximately what percentage of shipments requires transshipment? _____ %

How do you value your cargo? Invoice + Freight + ____%
Do you wish to insure duty and taxes? ()Yes ()No
What is the average rate of duty paid on your imported cargo? _____

What deductible do you require? ()\$1,000. ()\$2,500. ()\$5,000. ()\$_____

Transit Protection Required: () All Risk () Named Perils () Total Loss only

Other Protection Required: () War () Strikes () Other – please describe _____

Supplementary Cover

Pure Domestic Inland Transit (Independent from Ocean and Air Travel)

Geographical Limit: _____

What mode of transport is used? ()Truck ()Other – please describe: _____

Are Trucks: ()Owned ()Leased Are Common Carriers employed? ()Yes ()No

Insured Values per annum: \$ _____ Currency: _____

Limits Required: By Truck \$ _____ By Other: _____

Domestic Transit Protection Desired: () All Risk () Named Perils () Total Loss only

What deductible do you require? ()\$1,000. ()\$2,500. ()\$5,000. ()Other \$ _____

Warehouse Storage Information

<u>Location Name & Address</u>	<u>Average Value</u>	<u>Maximum Value</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Security: Please describe security, anti-incendiary and anti-theft precautions of each location:

1. _____
2. _____
3. _____
4. _____

Note: Should there not be enough room on the proposal form to fully enter the details required, please continue on a separate sheet of paper and attach, noting same.

It is the duty of the Assureds and their Agents to disclose all material facts to Underwriters before the contract or insurance is concluded and any failure to do so entitles Underwriters to void the contract. Completion of this questionnaire/application does not relieve the Assured and their Agents of this duty and it is essential that all material facts which are not included within the answers to the questions posed herein are disclosed to Underwriters in addition.

This application does not bind the applicant or the company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant's Signature

Date