

**PRODUCER INFORMATION**

Producer / Agency Name	
Address	
Telephone Number	
Email	
History on account	Is the account new the producer: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", how many years have you handled the account? _____

**GENERAL APPLICANT INFORMATION**

Date of Application: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

Applicant's Company Name	
Address	
Telephone Number	
Email	
Website	

- Describe the applicant's business and operations: \_\_\_\_\_
- List all operating names and/or subsidiaries: \_\_\_\_\_  
 If applicant is a subsidiary, please advise who is the parent company: \_\_\_\_\_
- Has the applicant operated under any other company name(s) in the last five years?  Yes  No  
 If "Yes", please confirm the other company name(s): \_\_\_\_\_
- How many years has the applicant been in business: \_\_\_\_\_
- Who is your current insurance carrier? \_\_\_\_\_  
 6 (a). How many consecutive years have you been with this insurance carrier? \_\_\_\_\_
- Has any policy or coverage ever been canceled or non-renewed?  Yes  No  
 If "Yes", please explain: \_\_\_\_\_
- Has the applicant, any predecessor or any of its principals declared bankruptcy in the past five years?  Yes  No  
 If "Yes", please explain: \_\_\_\_\_

**TRANSIT INFORMATION**

1. Please provide a breakdown of the goods and/or merchandise to be shipped (detailed description of goods and/or merchandise):
  
2. Are the goods and/or merchandise insured new, used and/or refurbished "like new"?  New  Used  Refurbished "Like New"
  
3. What are the principal conveyance methods used (check all that apply)?  
 Ocean Vessel  Aircraft  Truck  Rail  Barge  Other: \_\_\_\_\_
  
4. Are shipments principally moved by ocean vessel?  Yes  No  
If "Yes," are shipments containerized?  Yes  No  
If "No," please provide details:  Breakbulk/Bulk  Flat Rack  Export Skidded  Other: \_\_\_\_\_
  
5. Are shipments principally moved by aircraft?  Yes  No  
If "Yes," please confirm method:  Cartons  Wooden Crates  Skidded  Drums  Other: \_\_\_\_\_
  
6. Who packs the shipments?  Shipper  Third-Party Packer  Manufacturer Packed  Other: \_\_\_\_\_
  
7. Are containers opened prior to destination?  Yes  No  
If "Yes", by whom? \_\_\_\_\_
  
8. Any special coverage requests or extensions?  Yes  No  
If "Yes," please check the following coverage needs: \_\_\_\_\_  
**Refrigeration Exposure:** Do any commodities insured require refrigeration or temperature control?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
**Other Special Coverage Needs:** Please provide details: \_\_\_\_\_

**GEOGRAPHIC SCOPE**

1. Please select the following shipments you are responsible for insuring:  
 Imported to the US  Exported From the US  World to World  Intercompany  Other
  
2. What are the primary countries of origin and destination? \_\_\_\_\_
  
3. Do you require Domestic Transit coverage for shipments moving only within/between the continental United States and/or Canada?  
 Yes  No
  
4. If you answered "Yes" to requiring domestic transit coverage above, please confirm:
  1. Breakdown of inland conveyance(s) used: \_\_\_\_ % Truck / \_\_\_\_ % Rail / \_\_\_\_ % Air / \_\_\_\_ % Barge / \_\_\_\_ % Other
  2. Annual insured domestic inland shipment values \_\_\_\_\_

5. **Mexico / Central America Exposure:** Does the insured move goods to/from or within Mexico and/or Central America?  Yes  No

If yes, please provide details: \_\_\_\_\_

6. **Africa Exposure:** Does the insured move goods to/from or within Africa?  Yes  No

If yes, please provide details: \_\_\_\_\_

7. **Foreign Inland Transit:** Does the insured transport goods between two places in the same foreign country? (Example: Berlin to Hamburg)

Yes  No

If yes, please provide details: \_\_\_\_\_

### VALUATION

Standard Policy Valuation is Invoice Cost + Insurance + Freight + 10% (CIF + 10%)

Do you require different valuation?  Yes  No

If yes, please provide details: \_\_\_\_\_

### ANNUAL EXPOSURE INFORMATION

	Prior Fiscal Year	Current Fiscal Year	Next Fiscal Year
<b>Company Gross Sales</b>	\$ _____	\$ _____	\$ _____
	Prior Calendar Year	Current Calendar Year	Next Calendar Year
<b>Annual Insured Shipment Values</b>	\$ _____	\$ _____	\$ _____

Please provide the percentage of annual insured shipment values for which the insured is responsible for insuring: \_\_\_\_\_

### LIMITS OF INSURANCE REQUESTED

#### INTERNATIONAL SHIPMENTS:

Maximum Value of any one shipment: \$ \_\_\_\_\_

Average Value of any one shipment: \$ \_\_\_\_\_

Maximum Value per any one conveyance: \$ \_\_\_\_\_

Approximate Number of shipments anticipated in a 12-month period: \_\_\_\_\_

**DOMESTIC INLAND SHIPMENTS WITHIN USA:**

Maximum Value of any one shipment: \$ \_\_\_\_\_

Average Value of any one shipment: \$ \_\_\_\_\_

Maximum Value per any one conveyance: \$ \_\_\_\_\_

Approximate Number of shipments anticipated in a 12-month period: \_\_\_\_\_

	Per Any One Vessel	Per Any One Aircraft	Per Any One Truck	Per Any One Railcar/Train	*Per Any One Barge	*Per Any One Parcel Post (USPS / Mail Courier Service Only)
<b>Limit Requested</b>						

What is the requested deductible? \_\_\_\_\_ per occurrence - or- \_\_\_\_\_ % of the total insured value per shipment

**LOSS HISTORY (PLEASE ATTACH FIVE YEAR HARD COPY LOSS RUNS IF AVAILABLE)**

Policy Term	Insurer	Net Premium	Losses	Loss Description

**WAREHOUSE / STOCK / PROCESSING INFORMATION**

Does the applicant require coverage for the insured goods while in storage (outside of the normal course of transit)?  Yes  No  
 If yes, please provide a list of named locations with applicable information and/or attach an updated Statement of Values (SOV)

Location Address	Type	Year Built	COPE Info	Flood Zone	Alarm System	Sprinklered
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Third Party				<input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Only <input type="checkbox"/> CCTV/Video <input type="checkbox"/> Security/Guards <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Third Party				<input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Only <input type="checkbox"/> CCTV/Video <input type="checkbox"/> Security/Guards <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Third Party				<input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Only <input type="checkbox"/> CCTV/Video <input type="checkbox"/> Security/Guards <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Third Party				<input type="checkbox"/> Central Station <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Only <input type="checkbox"/> CCTV/Video <input type="checkbox"/> Security/Guards <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other

Is there a Peak Season associated with your business?  Yes  No  
 If "Yes", please provide details on peak season months:

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Please confirm Loss History at above referenced storage locations including any applicable deductibles.

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## **FRAUD STATEMENT**

(Not applicable in the states mentioned below where a specific warning applies.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

### **Alabama**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

### **Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### **Maine**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

### **Maryland**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **New Jersey, New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### **Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Pennsylvania (Auto)**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**Tennessee, Virginia, Washington**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**New York (Auto)**

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

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**SIGNATURES**

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DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant / Named Insured Signature:

Title:

Print Name:

Date:

Agent/Broker:

Are you personally familiar with this Applicant's operations?

 Yes  No

Did your office control this risk in the past year?

 Yes  No

Producer's Signature:

Title:

Print Name:

Date:

License Identification Number or National Producer Number:

(Producers in Florida, California and New York must provide License Identification Number)