

### 1. GENERAL INFORMATION

Company Name

Company Address

Contact Person

Phone

Email

Years in Business

No. of Employees

Policy Effective Date

Please list all associations/organizations for which your Company holds membership:

### 2. LOSS CONTROL

Do you employ a Safety Officer or Risk Manager? Please provide name and years of experience.

### 3. COMPANY OPERATIONS & SERVICES

**Current Insurance Carrier:**

**Please indicate the percentage per transportation conveyance commonly used by the Company (approximate):**

Ocean Cargo	%	Domestic Rail	%
International Air	%	Domestic Air	%
Domestic Truck	%	Foreign Truck/Rail	%

Percentage of Shipments Containerized	%	Percentage of Shipments in Bulk	%
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**Please indicate percentage per type of cargo (approximate):**

General Cargo	%
Electronic & Electronic Equipment	%
Temperature Controlled/Perishables	%
Machinery & Equipment	%
Dry Bulk	%
Wet Bulk	%
Oversize Cargo	%
Chemicals & Hazardous Materials (please include details)	%

**Geographical Scope**

USA & Canada	%	China/Japan	%
Mexico	%	South East Asia	%
Central/South America	%	India/Pakistan	%
Europe	%	Middle East	%

**4. TRANSPORTATION AND VOLUME**

	<b>Last 12 Months</b>	<b>Next 12 Months (estimated)</b>
<b>Gross Freight Receipts</b> (Total Gross Sales Less Taxes)	\$	\$
<b>Shipment Values</b>	\$	\$

**Warehousing**

Are you looking to insure goods while in storage?	Yes	No
Do you own or operate Warehouses for third party storage?	Yes	No
Do you provide open storage facilities?	Yes	No
Do you provide refrigerated storage facilities?	Yes	No

**Provide list of locations, construction, fire and security information as well as maximum values at any given time.**

**Please indicate maximum value per shipment for:**

Ocean Cargo Shipments	\$
Air Cargo Shipments	\$
Truck/Rail Cargo Shipments	\$
House Hold Goods Shipments	\$
Temperature Controlled/Perishables Shipments	\$
Electronics & Electronic Equipment Shipments	\$

**5. LIMITS AND DEDUCTIBLES**

**Please indicate coverage limits required:**

Ocean Cargo Shippers Interest (All Risk)	\$
Inland Transit Shippers Interest (All Risk)	\$
Warehouse All Risk (Goods of Others)	<b>Please Include Detailed Statement of Values</b>

**Please indicate deductibles per coverage:**

Ocean Cargo Shippers Interest (All Risk)	\$
Inland Transit Shippers Interest (All Risk)	\$
Warehouse All Risk (Goods of Others)	\$

**Please indicate preferred reporting method:**

Deposit Premium Adjusted Annually	Monthly Reporting on Multiple Rates
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**6. LOSS HISTORY (5 YEARS)**

Claim Year	Year Premium	Total Paid

**PLEASE ATTACH HARD COPY LOSS RUNS.**

This application does not bind the applicant or the company to complete the insurance but 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/her 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 Printed Name**

**Applicant's Signature**

**Applicant's Title**

**Date**

**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.

## SHIPPER INTEREST STANDALONE APPLICATION

**This application does not bind the applicant or the company to complete the insurance but 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/her 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**

### SIGNATURES

**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	
APPLICANT/NAMED INSURED SIGNATURE	DATE

**Agent/Broker:**

Are you personally familiar with this Applicant's operations?  
Did your office control this risk in the past year?

☐ Yes    ☐ No  
☐ Yes    ☐ No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE