



American Marine Insurance.

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Newport Beach CA 92663

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Open Ocean / Air Cargo Application

Name of Applicant _____

Address _____

Telephone: _____ Fax: _____ E-Mail: _____ Number of years in business _____

Goods (Describe, listing in order of importance as to total annual value shipped; state whether exports or imports by "ex" or "im".) and **Terms of sale.** **INCOTERMS** are acceptable.

Goods Shipped "ex" or "im" & Terms of Sale	Annual Total Shipped	Insured Shipments by Applicant
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Average Value per Shipment: \$ _____ Total Estimated Number of Shipments _____

Packing: Underline applicable packing, describe otherwise, e.g. wooden cases, meaning full enclosure by wood; wooden crates meaning skeleton type case not providing full enclosure; cartons and whether fiberboard or corrugated; is steel strapping provided; bags or bales, type used such as burlap, paper and number of ply; steel drums; wood kegs, shrink wrap, fiberboard drums; palletized; lift van type cargo container, if so, type of shipping package in interior of container,

Briefly describe business operations: _____

Conveyances used (check which) and limits required:

Vessel _____ Aircraft \$ _____ o Mail (Per Pkg,) \$ _____ Barge \$ _____
\$ _____

Assume goods customarily stowed under deck unless otherwise indicated below

List Countries to (or from) which insured shipments by applicant are made, showing approximate % of total volume for

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Principal U.S. Ports used? _____

% of insured shipments made by container ships _____ %

Are container used "door to door"? (state otherwise) _____

Are carriers instructed to stow containers underdeck? _____

List principal container carriers. _____

Valuation required: Invoice and charges, plus freight; plus _____ %

Valuation other than above: _____

Average insured value: per shipping package \$ _____, per shipment \$ _____

If via aircraft, state % of invoice value declared to air carriers for carriage _____ %

Type of coverage required: All Risks; 3% Average; F. P. A. Theft and/or Non Del.; Other (Describe) _____

Deductible: _____

Special Conditions required: War Risks; S. R. C. C. Duty; F.O.B./F.A.S Contingency Insurance;

Increased Value; Difference in conditions; Warehouse (Give Locations and limits needed at each) _____

Current Coverages / Losses

How has marine insurance been effected before? (Name Ins. Carrier, Broker, Agent, and Freight forwarder, giving conditions and rates where known) _____

Has present insurance carrier: requested replacement? _____, given notice of cancellation? _____

Marine Premium and loss record for each calendar year for last 5 years showing principal cause of loss and number of losses:

<u>Year</u>	<u>Premium</u>	<u>Losses (Incl. Outstanding)</u>	<u>(Cause)</u>	<u>Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Most losses occurred to (or from) _____

Of above, approximately how much is annual warehouse premium? _____

Warehouse Locations / Descriptions (Continued): _____

Anticipated attachment date: _____

Please use additional sheets if necessary.

The information hereby submitted above is true and complete to my best knowledge and belief. I understand that a substantive act of omission or misstatement of fact could cause the rescission of a policy based upon this application, the consequence being the company's refusal to pay a claim.

Date: _____

Signature / Title _____