

# Marine Ocean Cargo Application

## Applicant

Name of applicant: \_\_\_\_\_ # of Years in Business \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Description of operations: \_\_\_\_\_

Website: \_\_\_\_\_

Has the Applicant had an Ocean Cargo policy cancelled or filed for Bankruptcy in the past 5 years? ☐ Yes ☐ No

Proposed Effective Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

Does your agency currently control this business? ☐ Yes ☐ No

Current Insurer: \_\_\_\_\_

Reason for Marketing: \_\_\_\_\_

## Section I - International Transit

### 1. Shipments to be Insured

Imports				Exports			
Commodity	Country	% Air	% Ocean	Commodity	Country	% Air	% Ocean
		%	%			%	%
		%	%			%	%
		%	%			%	%

2. Annual Volume Shipped		Imports	Exports
Annual Volume (Imported/Exported)		\$	\$
% of Shipments Applicant is responsible to insure		%	%
% Shipped by Air		%	%
% Shipped by Ocean		%	%
% Shipped by Truck between Countries		%	%
Shipments by Air	Average Amount per aircraft	\$	\$
	Maximum Amount per aircraft	\$	\$
Shipments by Ocean	Average Amount per container	\$	\$
	Maximum Amount per container	\$	\$
	Maximum Amount per conveyance	\$	\$

3. Shipping Methods	Imports	Exports
% shipped in Door-to-Door Containers		
% shipped in Consolidated Containers		
% shipped in Refrigerated or temperature controlled containers by ocean	%	%
% Shipped in bulk	%	%
% Shipped Break Bulk	%	%
% shipped in Refrigerated or temperature controlled containers by air	%	%

**4. Packing Description** (e.g. Shrink Wrapped, Pallets, Cartons, temperature controlled packaging, etc.)

Imports	Exports

**5. Valuation**☐ Cost, Insurance and Freight + \_\_\_\_ %☐ Other (Please explain) \_\_\_\_\_**6. Requested Limits of Liability**

Vessel: \$ \_\_\_\_\_

Aircraft: \$ \_\_\_\_\_

**7. Requested Deductible** \$ \_\_\_\_\_**8. Gross Sales:** \$ \_\_\_\_\_**9. Optional Coverage Desired**☐ Inland Transit (please complete Section II below)☐ Exhibitions Limit: \$ \_\_\_\_\_ Number of Exhibitions Anticipated \_\_\_\_\_☐ Salespersons Samples Limit: \$ \_\_\_\_\_ Number of sales persons \_\_\_\_\_☐ Storage or Processing - (please complete Section III below)☐ War**Section II - Inland Transit Supplement****1. Requested Limit** \$ \_\_\_\_\_**2. US/Canada Inland Shipments - Description of Commodity Shipped:**  
\_\_\_\_\_**3. Description of Packing:** \_\_\_\_\_**4. Total Values shipped:** \$ \_\_\_\_\_

Average and Maximum Values Shipped by Description of Commodity Shipped	Percentage	Average Value	Maximum Value
Truck (Common Carrier)	%	\$	\$
Truck (Owned Vehicle)	%	\$	\$
Rail	%	\$	\$
Air	%	\$	\$
Parcel Delivery (Fedex, UPS)	%	\$	\$

**5. Foreign Inland Shipments - Description of Commodity Shipped**  
\_\_\_\_\_Description of Packing:  
\_\_\_\_\_

Countries	Percentage	Total Value	Average Value	Maximum Value
	%	\$	\$	\$
	%	\$	\$	\$
	%	\$	\$	\$
	%	\$	\$	\$

## 6. Shipments between countries via overland conveyance - Description of Commodity Shipped

Description of Packing:

Countries (From/To)	Total Value	Average Value	Maximum Value
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

## 7. Additional Information or comments:

## Section III - Storage or Processing Location Supplement

For each location, where coverage is desired in excess of \$ 500,000 please complete the following:

☐ Storage Location

☐ Processing Location

Location Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Limit Requested \$ \_\_\_\_\_ Maximum Value \$ \_\_\_\_\_ Average Value \$ \_\_\_\_\_

Valuation Requested \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Commodities Stored \_\_\_\_\_

Do you own or operate this facility? ☐ Yes ☐ No Is it a public warehouse? ☐ Yes ☐ No

Are there operations other than storage at this location? ☐ Yes ☐ No

Please describe \_\_\_\_\_

What type of processing is conducted at this location? \_\_\_\_\_

Building Construction \_\_\_\_\_

Year Built: \_\_\_\_\_ Number of Floors: \_\_\_\_\_

Are there fire hydrants on the premises or within 500 feet (150 meters)? \_\_\_\_\_

Does the location have the following private protection? ☐ Yes ☐ No

• Automatic sprinkler system? ☐ Yes ☐ No With an alarm to a central monitoring facility? ☐ Yes ☐ No

• Smoke detectors? ☐ Yes ☐ No With an alarm to a central monitoring facility? ☐ Yes ☐ No

• Watchmen during all non- working hours? ☐ Yes ☐ No With an alarm to a central monitoring facility? ☐ Yes ☐ No

• Burglar alarm? ☐ Yes ☐ No With an alarm to a central monitoring facility? ☐ Yes ☐ No

Are there goods stored outside? ☐ Yes ☐ No Estimated percentage? \_\_\_\_\_

Is the premises fenced and secured? ☐ Yes ☐ No

Is there any history of flooding? ☐ Yes ☐ No How recently? \_\_\_\_\_

Do the goods stored require temperature control? ☐ Yes ☐ No

If so, please describe the temperature controls system including back- up systems, monitoring systems and alarms.

Additional information or special coverage required. \_\_\_\_\_

**Loss Experience** (attach or complete)

Policy Year	Earned Premium	Total Losses	Deductible	Number of Loss	Largest Single Loss	Cause of Loss

The undersigned **authorized officer of the applicant** knows of no other relevant facts which might affect the Company's judgment when considering this application and represents that the statements herein are true, accurate, and complete. The undersigned understands and agrees that the company is relying on such statements in determining whether or not to accept this application and provide insurance.

Authorized Signature of Applicant		Date	
Print Name		Title	
Applicant		Authorized Agent (Please Print Name)	
Authorized Agent (Signature)		Title	Date
Submitted By (Insurance Agent)		Insurance Agency	
Insurance Agency Taxpayer ID or Social Security No.		Agent License No. (For non-admitted placements a copy of valid surplus lines license will be required)	
Address (No., Street, City, State, and Zip Code)			

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

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 and denial of insurance benefits. \*Applies in ME Only. Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO**

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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.

**Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

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.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in UT**

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific acord 38s are available for applicants in these states.)

Chubb. Insured.<sup>SM</sup>