



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

## APPLICATION FOR OCEAN CARGO INSURANCE

Date: \_\_\_\_\_

OPEN POLICY                       TRIP RISK                       ONE YEAR TERM POLICY

NAME OF INSURED (Include names of all subsidiary firms or corporations to be insured): \_\_\_\_\_

ADDRESS OF INSURED: \_\_\_\_\_

NAME OF AGENT OR BROKER: \_\_\_\_\_

### GEOGRAPHICAL LIMITS:

U.S. TO WORLD     WORLD TO U.S.     WORLD TO WORLD     RIVER SHIPMENTS  
 GREAT LAKES     OTHER: \_\_\_\_\_

### VALUATION:

AMOUNT OF INVOICE, INCLUDING CHARGES, PLUS OCEAN FREIGHT, PLUS \_\_\_\_\_ %

OTHER: \_\_\_\_\_

**PRINCIPAL MERCHANDISE TO BE INSURED** (Enclose pictures or illustrated catalogs, if available): \_\_\_\_\_

**PACKING - DESCRIBE IN DETAIL** (enclose pictures and diagrams of packing, if available): \_\_\_\_\_

### INSURING CONDITIONS:

ALL RISKS     DEDUCTIBLE \$ \_\_\_\_\_ %     FRANCHISE \$ \_\_\_\_\_ %     FREE OF PARTICULAR AVERAGE  
 WITH AVERAGE 3%     WITH AVERAGE I.O.P.  
 OTHER: \_\_\_\_\_

### SPECIAL CONDITIONS

WAR RISK     CONTINGENT INTEREST     DIFFERENCE IN CONDITIONS     SR & CC     FOB/FAS  
 INCREASED VALUE               DUTY COVERAGE     WAREHOUSE COVERAGE - Attach list of locations  
 OTHER: \_\_\_\_\_

### LIMITS OF INSURANCE

\$ \_\_\_\_\_ BY ONE VESSEL                                      \$ \_\_\_\_\_ REGISTERED OR GOVT. INSURED PARCEL POST  
 \$ \_\_\_\_\_ BY ANY ONE VESSEL ON DECK  
 \$ \_\_\_\_\_ BY ANY ONE AIRCRAFT  
 \$ \_\_\_\_\_ BY ANY ONE TRUCK/R.R. TRAIN                      \$ \_\_\_\_\_ UNREGISTERED OR ORDINARY PARCEL POST  
 \$ \_\_\_\_\_ BY ANY ONE BARGE

**DESCRIBE NATURE OF ISSURED'S BUSINESS** (Manufacturer, Exporter, Commodity Broker, etc.):

\_\_\_\_\_

	EXPORTS	IMPORTS
INSURED VOLUME during the last 12 months	\$	\$
ESTIMATED VOLUME to be insured during the next 12 months	\$	\$
ESTIMATED AVERAGE VALUE PER SHIPMENT	\$	\$

**PRINCIPAL COUNTRIES TO WHICH GOODS ARE EXPORTED** (Indicate % involved):

\_\_\_\_\_

**PRINCIPAL COUNTRIES FROM WHICH GOODS ARE IMPORTED** (Indicate % involved):

\_\_\_\_\_

**NAME OF PRESENT INSURANCE COMPANY:** \_\_\_\_\_

**NAME OF PRESENT BROKER:** \_\_\_\_\_

**PREMIUM AND LOSS EXPERIENCE FOR PAST \_\_\_\_\_ YRS** (attach loss analysis if available): \_\_\_\_\_

**WAREHOUSE**

	EXPORTS	IMPORTS	
PREMIUM (excluding War)	\$	\$	\$
LOSSES PAID AND OUTSTANDING	\$	\$	\$

**PRINCIPAL KIND OF LOSS:**

\_\_\_\_\_

**PRINCIPAL COUNTRIES INVOLVED IN LOSSES:**

\_\_\_\_\_

**REMARKS:** (attach extra sheets if necessary)

\_\_\_\_\_

QUOTED

DECLINED Reason: \_\_\_\_\_

BINDING Effective Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF UNDERWRITER

\_\_\_\_\_  
DATE