ESSEX INSURANCE COMPANY

4521 Highwoods Parkway, Glen Allen, VA 23060-3383
TELEPHONE: 804.273.1400

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

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$ _____ 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

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