



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: _____

SIGNATURE OF UNDERWRITER

DATE