



Agribusiness Stock Throughput Application

Email completed application to: submissions.idealam@wichert.com

APPLICATION INFORMATION					
Insurance broker:					
Applicant's name:					
Address:					
City:			State:		
Postal code:		Number of years in business:		* All monetary values are in:	
Type of business: <input type="checkbox"/> DfcXi WF <input type="checkbox"/> DfcWggcf <input type="checkbox"/> Wholesaler <input type="checkbox"/> Other					
If 'Other' please describe:					
SALES					
What was your annual sales turnover for each of the last three years:					
Last year:		Two years ago:		Three years ago:	
What is your estimated sales turnover for next year:					
CARGO					
List the products being shipped:					
Are products:		New	Used		Both
Are products being shipped:	Full container load Less than container load	Open top Flat rack	Break bulk Drums	Bales Bulk	Reefer Other:
Are products professionally packed: yes/no if 'no', who does the packing:					
Marks or advertising on cartons: yes/no if 'yes', please describe:					
TRANSPORTATION					
Goods shipped per	Per cent moved by conveyance	Estimated annual volume	Average value per shipment	Maximum values per shipment	Limits required
Vessel	%				
Aircraft	%				
Rail	%				
Truck	%				
Owned vehicles	%				
Countries of origin:					
Countries of final destination:					
Do you have shipments where the origin or destination is NOT in your domiciled country (cross voyages) yes/no					
If 'yes', please describe:					
TERMS OF SALE - INTERNATIONAL					
Please state the appropriate Incoterms of sale that apply for your shipment (CIF, FOB etc.)					
Import shipments:			Export shipments:		
Are values declared on a bill of lading: yes/no					
COVERAGE REQUIREMENTS					
Cargo: <input type="checkbox"/> All risk <input type="checkbox"/> Named perils					
How do you value your cargo: <input type="checkbox"/> Invoice + Freight + 100% <input type="checkbox"/> Other (describe)					
STOCK EXPOSURE					
Is your location owned by you or does it belong to a third party: <input type="checkbox"/> Owned <input type="checkbox"/> Third Party					
Address:					
City:			State:		
Postal code:			Use of location:		
Construction:					
Fire protection:					
Has this location been surveyed within the last 24 months:					
If 'yes' did the surveyor make any recommendations:					



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If 'yes' were those recommendations complied with:				
If you have stock at more than one location, please attach a separate sheet				
Maximum aggregate stock value that you could have exposed across all of these locations:				
Average aggregate stock value that you could have exposed across all of these locations:				
Are any of these locations located in recognized flood, earthquake or windstorm zones:				yes/no
If 'yes', please describe:				
Do all of these locations have central station fire and theft alarms:				
If 'no', please explain what fire and theft protections are in force and effect:				
If you have stock at third party manufacturers, have you ever asked if they carry stock insurance:				yes/no
If 'yes' are you named as an additional insured on their policy?				
GOODS BEING SHIPPED TO/FROM FOREIGN WORKERS				
Do you have any of your goods manufactured on your behalf by foreign subcontractors:				yes/no
If 'yes' please provide annual values in transit to/from foreign workers by country, detailing the origin of goods, the location of the outworker, the destination of the goods, and the method of transit.				
Origin	Location	Destination	Annual values shipped	Method of transit
TRADE SHOWS AND EXHIBITION				
Do you attend any trade shows or exhibitions:		yes/no	If 'yes' how many in the next 12 months:	
If 'yes' what are the average values exposed:		What are the maximum values exposed:		
What are the locations of these trade shows:				
SALESMAN'S SAMPLES				
Do you employ any sales representatives that travel with samples:				yes/no
If 'yes' how many sales representatives do you employ:				
How many days per year does each representative travel with samples:				
What are the average and maximum values carried by each representative:		Average:	Maximum:	
UNDERWRITING INFORMATION				
Name of previous insurer(s):				
Have you ever had a previous policy cancelled:				
If 'yes' please explain:				
Premium and loss history for the last five years:				
Year	Premium paid	Losses paid	Losses outstanding	Details



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ADDITIONAL INFORMATION

Additional information:

Privacy Statement:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including, but not limited to, the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company to assess, underwrite, and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results, and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct.

Date:

Applicant's signature:

Broker's signature: