

FROZEN GENETICS TRANSIT APPLICATION



Producer: _____

Applicant: _____
Address: _____

Phone: _____ Email: _____

Applicant's Occupation: _____

Proposed Effective Date: _____

Genetic Material Information

- 1) What species does applicant typically handle? _____

- 2) How is value established? _____

Tanks

- 1) Are new tanks always used? Domestic: _____ International: _____
- 3) Schedule of Owned Tanks:

Manufacturer	Age	Serial Number	Capacity	Wet or Vapor?

(Attach separate schedule if additional space required)

Pre-shipment Procedures

Please describe how tanks are prepared for shipment - integrity checks, pre-cool, etc.

Transportation

- 1) Carriers used: _____

- 2) International Freight Forwarder Used: _____

FROZEN GENETICS LOCATION APPLICATION (CONT.)

Limits

Any one Tank: _____
Total this Location, any one Occurrence: _____

Loss Experience

Please describe any frozen genetic materials losses applicant has suffered in the last five years, whether insured or not, including date, cause of loss, circumstances, and value of materials).

I acknowledge that any quotation that may be made by underwriters is based upon the above information, and any misrepresentation and/or omission may prejudice and/or void coverage. I certify that the information provided is, to the best of my knowledge, accurate and correct.

Signature

Title

Date

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