

OCEAN MARINE OPEN CARGO INSURANCE APPLICATION



Applicant: _____ Producer: _____

Address: _____

Website: _____

Proposed Effective Date: _____

Property Description: _____

Packing Description: _____

Transit Modes: (Percentages by value) _____ % Ocean _____ % Air
_____ % Overland Transit _____ % Barge

Valuation: (If other than CIFreight plus 10%, please describe): _____

Limits Required: _____ Per any one Vessel Average value/shipment by this mode
_____ Per any one Aircraft _____
_____ Per any one Barge _____
_____ Per any one Land Conveyance _____
(other than as connecting conveyance)

Turnover: Last 12 months: Imports: _____ % Insured by Applicant
Exports: _____ %
Foreign/Foreign (describe): _____ %

Percentage of turnover on terms where applicant responsible for insurance: _____ %

Is Contingent Coverage desired for the balance of turnover? _____

Est. next 12 months: Imports: _____
Exports: _____
Foreign/Foreign (describe): _____

Primary Origins/
Destinations: _____

Deductible: _____

Is coverage required during warehousing, processing or at third party locations? If yes:

Location No. 1: Address: _____

Operator of premises: _____

Location's function (warehouse, processing, etc.): _____

Values: \$ _____ Average
\$ _____ Maximum

Location No. 2: Address: _____

Operator of premises: _____

Location's function (warehouse, processing, etc.): _____

Values: \$ _____ Average
\$ _____ Maximum

(If there are additional locations, please attach additional schedule)

Loss Experience: Attach previous insurer's loss exhibit for last 5 years.

Current Insurer: _____

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. and I certify that the information provided is, to the best of my knowledge, accurate and correct.

Signature

Title

Date

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