



AIR & SEA INSURANCE CORP.

ATLANTIC TOWER: 7220 NW 36TH STREET, SUITE 527 MIAMI, FL 33166 USA
 TEL: 305-599-7066 FAX: 305-599-4866 www.airandseainsurance.com

APPLICATION FOR CARGO INSURANCE

COMPLETE AND FAX TO OUR OFFICE PRIOR TO EACH SHIPMENT
 4 DAYS NOTICE REQUIRED IF A LLOYD'S CERTIFICATE IS NEEDED

SHIPPER	ADDRESS	
CONSIGNEE	ADDRESS	
BENEFICIARY	ADDRESS	
FORWARDER	ADDRESS	
CONTACT	PHONE	FAX

VOYAGE

CIRCLE PORT OR DOOR	FROM ADDRESS	CIRCLE PORT OR DOOR	TO ADDRESS	VIA ADDRESS
WILL YOUR CARGO BE CONSOLIDATED BY A THIRD PARTY WITH OTHER CARGO NOT BELONGING TO YOU OR YOUR CUSTOMER? (IF YES, PROVIDE DETAILS OF SUCH THIRD PARTY)		CIRCLE Y OR N	WILL YOUR CARGO BE SEPARATED AND FORWARDED TO SEVERAL CONSIGNEES UNDER THIS INSURANCE? (IF YES, PROVIDE DETAILS AND SECURITY MEASURES)	
WILL YOUR CARGO BE ESCORTED FROM CUSTOMS TO FINAL DESTINATION BY A PROFESSIONAL SERVICE OR EMPLOYEE? (IF NO, "HR" COVER WILL CEASE AT CUSTOMS CLEARANCE)		CIRCLE Y OR N	HAVE YOU OR YOUR CUSTOMERS SUFFERED ANY CARGO LOSSES IN THE LAST 3 YEARS? (IF YES PROVIDE DATES, VALUES AND NATURE OF LOSS)	
LAND CARRIER AT ORIGIN	LAND CARRIER AT DESTINATION	OCEAN / AIR CARRIER		NAME OF VESSEL
DATE TO INSURE		DEPARTURE DATE		DATE OF ARRIVAL

CARGO

DESCRIPTION.
 ATTACH CONTRACT OR L.C. WORDING IF APPLICABLE

PACKING DETAILS

COUNT	CONTAINER NUMBERS	SEAL NUMBERS
1		
2		
3		

INVOICE NUMBER	PURCHASE ORDER NUMBER	BILL OF LADING NUMBER

VALUATION

INVOICE VALUE	FREIGHT COST	DUTY COST (IF TO BE INSURED)	COVER 10% ABOVE INVOICE VALUE ?
\$	\$	\$	Y OR N
			COVER INSURANCE EXPENSE ?
			Y OR N

APPLICANT'S DECLARATION

I/we are hereby appointing Air & Sea Insurance Corp. to act as our Agent of Record for the coverage requested above.
 I/we warrant that the information provided above is complete and accurate to the best of my/our knowledge and belief. It is my/our understanding that underwriters shall rely upon information and representation listed above in determining the acceptability, rates and conditions of coverage. It is understood that misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims. It is understood that there is a continuing obligation to immediately notify underwriters of any material changes to the nature of the risk, exposure or operations. It is further understood that this application shall be attached to, and form part of the policy should it be issued

SIGNED	TITLE	DATE
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