



AIR & SEA INSURANCE CORP.

6355 NW 36th STREET, SUITE 605, MIAMI, FLORIDA 33166 USA

TEL: 305-870-2665 www.airandseainsurance.com FAX: 305-870-4662

CARGO - INVENTORY - PROPERTY - HULL & MACHINERY - P&I - POLLUTION & COFR - TERMINALS & PORTS

OPEN CARGO POLICY APPLICATION

APPLICANT NAME & ADDRESS

CONTACT NAME:

TELEPHONE:

FAX:

PRINCIPAL TRADE/BUSINESS

NUMBER OF YEARS IN THIS TRADE

EFFECTIVE DATE REQUEST FOR INSURANCE

TRADING AREA & MERCHANDISE

GEOGRAPHIC LIMITS REQUIRED: e.g... (U.S. to World, World to U.S., World to World, River Shipments, Great Lakes, List countries by %)

TYPE OF MERCHANDISE	ORIGIN COUNTRY	DESTINATION COUNTRY	VIA WHICH COUNTRY	ANNUAL VALUE \$	% AIR	% VESSEL	% TRUCK

TOTAL ANNUAL VALUE OF INSURED SHIPMENTS:
\$

DEDUCTIBLE REQUESTED PER BILL OF LADING:
\$

YOUR REGULAR CUSTOMERS / CONSIGNEES

NAME	COUNTRY	TYPE OF MERCHANDISE	YEARS KNOWN	ANNUAL VALUE \$	# OF LOSSES

CHECK THE COSTS THAT WILL BE DECLARED & INSURED

INVOICE COST	FREIGHT COST	DUTY COST	INSURANCE COST	PLUS 10% OF TOTAL COSTS	OTHER (REMARKS)
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LIMITS OF INSURANCE REQUIRED

EXPOSURE	AVERAGE VALUE	MAXIMUM VALUE
Container Vessel	\$	\$
Bulk Carrier Vessel	\$	\$
Ro-Ro Vessel	\$	\$
Barge	\$	\$
Aircraft	\$	\$
Truck	\$	\$
Mail	\$	\$
Local pick up & Delivery	\$	\$
Your Premises	\$	\$
Other	\$	\$

TRANSPORTATION COMPANIES USED

SEA	AIR	LAND

AGENTS & FORWARDERS

NAME	ADDRESS	TEL

PROCEDURES

DO YOU PACK, UNPACK, CONSOLIDATE, STORE CARGO & SEAL YOUR FULL CONTAINER LOADS AT YOUR PREMISES CIRCLE Y or N	DO YOU SEND YOUR CARGO TO A THIRD PARTY TO PACK, UNPACK, CONSOLIDATE, STORE & SEAL YOUR FULL CONTAINERS CIRCLE Y or N	IS YOUR CARGO CONSOLIDATED & SEALED WITH OTHER CARGO NOT BELONGING TO YOU OR YOUR CUSTOMERS CIRCLE Y or N	
IS YOUR CARGO EVER REMOVED FROM THE CONTAINER AND TRUCKED OVERLAND TO FINAL FOREIGN DESTINATIONS CIRCLE Y or N	DO YOU CONTRACT A FOREIGN THIRD PARTY FACILITY TO UNPACK, STORE, DELIVER CARGO TO YOU OR YOUR CUSTOMERS CIRCLE Y or N	DO YOUR FOREIGN CUSTOMERS COLLECT THEIR CARGO FROM A DECONSOLIDATOR AND WANT TO FURTHER INSURE THEIR TRANSIT CIRCLE Y or N	
NAME AND ADDRESS OF THIRD PARTY'S	PURPOSE	TIME	MAXIMUM VALUE
			\$
			\$
			\$
			\$
			\$
			\$

APPLICANT

SECURITY

DESCRIBE YOUR PREMISES CONSTRUCTION, ACCESS AND SECURITY FEATURES

DESCRIBE THE SECURITY MEASURES FOR ROAD FREIGHT DOMESTIC AND FOREIGN

DESCRIBE SPECIAL PACKING PROCEDURES FOR AIR & OCEAN FREIGHT

CHECK THE COVERAGE THAT YOU REQUIRE

ALL RISK	TOTAL LOSS	DUTY & LEVIES	STOCK STORAGE	DOMESTIC TRANSIT	30 DAYS PRIOR	30 DAYS AFTER
WAREHOUSE TO WAREHOUSE	WAREHOUSE TO PORT	PORT TO WAREHOUSE	PORT TO PORT	DECONSOLIDATED FOREIGN TRANSITS		

LAST FIVE YEARS INSURANCE EXPERIENCE.

YEAR	COMPANY	RATES	LOSSES \$	INSURING CONDITIONS

COMMENTS ON LOSS HISTORY. (Insured or not; Indicate Largest Loss, Most Frequent Cause Of Loss, Principal Countries where Losses Occurred etc.)

HAS YOUR MARINE INSURANCE EVER BEEN CANCELED? (State Company, When, Reason Given, etc.)

GENERAL COMMENTS OR REMARKS

APPLICANT'S SIGNED 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 a policy should it be issued

AUTHORIZED SIGNATURE	PRINT NAME	DATE
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APPLICANT