

## MARINE GENERAL CARGO APPLICATION

<b>COMPANY OVERVIEW</b>	ASSURED NAME	
	CORPORATE ADDRESS	
	REQUESTED EFFECTIVE DATE	
	DESCRIPTION OF OPERATIONS	
	COMMODITY(IES) TO BE INSURED	
	ESTIMATED ANNUAL SALES	\$
	AVERAGE SELLING PRICE MARKUP	%
	PACKING METHODS	
	ANY USED GOODS TO BE INSURED?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Annual Volume: \$_____
	PREVIOUS INSURER(S) (INCL 5-YEAR LOSS HISTORY)	

<b>INTERNATIONAL TRANSIT</b>	IMPORTS – ESTIMATED ANNUAL VOLUME	\$
	EXPORTS – ESTIMATED ANNUAL VOLUME	\$
	ESTIMATED ANNUAL VOLUME OF SHIPMENTS BETWEEN TWO FOREIGN COUNTRIES (AIR/SEA)	\$
	COUNTRIES SHIPPING TO/FROM	
	SHIPPING TO/FROM MEXICO	<input type="checkbox"/> No <input type="checkbox"/> Yes - Annual Volume: \$_____
	MAXIMUM LIMIT REQUIRED PER ANY ONE CONVEYANCE	\$
	AVERAGE VALUE ON ANY ONE CONVEYANCE	\$

<b>DOMESTIC INLAND TRANSIT</b> <input type="checkbox"/> Requested <input type="checkbox"/> Declined	ESTIMATED ANNUAL VOLUME (purchases, sales, intra-company moves, etc.)	\$
	MAXIMUM LIMIT REQUIRED PER ANY ONE CONVEYANCE	\$
	AVERAGE VALUE ON ANY ONE CONVEYANCE	\$

<b>FOREIGN INLAND TRANSIT</b> <input type="checkbox"/> Requested <input type="checkbox"/> Declined	IN WHICH COUNTRIES IS THIS COVERAGE REQUIRED?	
	ESTIMATED ANNUAL VALUES SHIPPED	\$
	MAXIMUM LIMIT REQUIRED PER ANY ONE CONVEYANCE	\$
	AVERAGE VALUE ON ANY ONE CONVEYANCE	\$

<b>TRADE FAIRS &amp; EXHIBITIONS</b> <input type="checkbox"/> Requested <input type="checkbox"/> Declined	IN WHICH COUNTRIES IS THIS COVERAGE REQUIRED?	
	MAXIMUM VALUE EXPOSED AT ANY ONE SITE	\$
	ESTIMATED NUMBER OF EVENTS ANNUALLY	

\$25,000 PER EXHIBITION LIMIT IS AUTOMATICALLY INCLUDED IN POLICY

<b>SALESPERSON SAMPLES</b> <input type="checkbox"/> Requested <input type="checkbox"/> Declined	MAXIMUM VALUE ANY ONE SALESPERSON	\$
	MAXIMUM NUMBER OF SALESPEOPLE	

\$25,000 PER EXHIBITION LIMIT IS AUTOMATICALLY INCLUDED IN POLICY

<b>GOODS IN STORAGE</b>				
<input type="checkbox"/> Coverage Requested <input type="checkbox"/> Coverage Declined				
LOCATION NAME & ADDRESS	MAXIMUM LIMIT REQUIRED (\$USD)	AVERAGE MONTHLY VALUE (\$USD)	CONSTRUCTION	PROTECTION
<input type="checkbox"/> Owned <input type="checkbox"/> 3 <sup>rd</sup> -Party	\$	\$	<input type="checkbox"/> Fire-Resistive <input type="checkbox"/> Modified Fire-Resistive <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Jointed Masonry <input type="checkbox"/> Wood Frame Year of Construction:	<input type="checkbox"/> Sprinklers <input type="checkbox"/> Fire/Smoke Alarm <input type="checkbox"/> CCTV <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fence/Gate <input type="checkbox"/> 24-Hour Guard
<input type="checkbox"/> Owned <input type="checkbox"/> 3 <sup>rd</sup> -Party	\$	\$	<input type="checkbox"/> Fire-Resistive <input type="checkbox"/> Modified Fire-Resistive <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Jointed Masonry <input type="checkbox"/> Wood Frame Year of Construction:	<input type="checkbox"/> Sprinklers <input type="checkbox"/> Fire/Smoke Alarm <input type="checkbox"/> CCTV <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fence/Gate <input type="checkbox"/> 24-Hour Guard
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APPLICANT SIGNATURE

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NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO CALIFORNIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.