

OCEAN CARGO APPLICATION

1 Insured's Name				
2 Address	Street	City	State	Zip
3 Proposed Effective Date				
4 Contact Name				
5 Phone Number				
6 Email Address				
7 Website				

INSURED'S BUSINESS DETAILS

8 Describe the Insured's Business (i.e. Manufacturer/Distributor/Wholesaler)			
9 Is this a start-up business? Yes/No _____	10 Number of Years in Business _____		
11 Is this a freight forwarder, customs broker and/or a logistics company?			
12 Do all shipments originate from or are destined to the United States (or Canada)? If "no" Please provide details	Yes / No _____		

OCEAN CARGO COVERAGE Questions 13-31

13 Any special coverage requests or extensions other than Domestic Transit and Warehouse Coverage? If "yes" please describe	Yes / No _____
14 Please provide a breakdown of the commodities to be shipped. (Detailed description of goods/commodities)	
15 Are shipments principally vessel containerized and/or air shipments? If "no" please provide details	Yes / No _____
16 Describe packaging method (i.e. carton, shrink wrapped, etc.)	
17 Who packs the containers? (shipper/carrier/other)	
18 Where are containers normally unpacked? (Discharge port, consignee's warehouse, other)	



METHOD OF CONVEYANCE

	Please provide a breakdown	_____ % vessel _____ % air
19	Are any goods and/or merchandise being shipped via barge?	Yes / No _____
	If "yes" please provide details	

VALUATION, TURNOVER AND LIMITS

20	Standard policy valuation is Cost/Insurance/Freight plus 10% (CIF +10%) Enter requested valuation (if different from standard valuation)	Yes / No _____
21	Total Estimated Annual Shipment Values	22 Total Estimated Annual Sales
23	Required limit per any one conveyance	24 Requested Deductible
25	Maximum value of any one shipment	26 Avg. value per shipment

TRADING & GEOGRAPHY

27	Please state the percentage breakdown of the Insured's imports and/or exports	_____ % Import _____ % Export
28	Please list Countries where goods are being imported/exported	
	From: _____	To: _____ %
	From: _____	To: _____ %
	From: _____	To: _____ %
	From: _____	To: _____ %
	From: _____	To: _____ %

INSURANCE HISTORY

	Is there an Ocean Cargo Policy currently in force?	Yes / No _____
29	If "yes", what is the Current Insurance Carrier and current rate?	
	If "no", how has the insurance been handled until now?	
30	Has insurance been maintained for at least 3 years?	Yes / No _____
	Have you sustained any Ocean cargo losses (insured or not) in the last 5 years?	Yes / No _____
31	Please provide details of all losses (date, \$ amount, description) and 5 years loss runs.	



SUPPLEMENTAL APPLICATION

DOMESTIC TRANSIT Questions 32-39

32	Do you require Domestic Transit coverage between/within the United States and/or Canada?	Yes / No	_____
	Are the commodities to be covered under the Domestic Transit section the same as the Ocean Cargo Section?	Yes / No	_____
33	If "no" please provide details		
34	Please provide annual estimated shipment values		
35	Please indicate the Maximum Value of any one shipment		
36	Please indicate the Average Value of any one shipment		
37	Types of conveyance used	Truckers: _____ % FedEx/UPS: _____ %	Air: _____ % Owned/Leased Vehicle: _____ % Rail: _____ %

INSURANCE HISTORY

38	Please provide current insurance carrier and rate		
39	Has the Insured sustained any Domestic Transit losses (insured or not) in the last 5 years?	Yes / No	_____
	If "yes", please provide full details of all claims including attaching loss runs and any other relevant documentation		

WAREHOUSE STORAGE Questions 40-42

40	Do you require coverage for the insured goods while in storage?	Yes / No	_____
	If "yes", please provide full details of all claims including attaching loss runs and any other relevant documentation		

Location	Address	Construction/COPE	Sprinkler	Alarm
Name:				
Limit:			Wet / Dry _____	_____
Average:				
Name:				
Limit:			Wet / Dry _____	_____
Average:				
Name:				
Limit:			Wet / Dry _____	_____
Average:				

41	Requested Deductible	
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INSURANCE HISTORY

Have there been any previous losses within the last 5 years at any one of the above locations?

Yes / No _____

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If "yes", please explain in greater detail

COMMENTS

Please provide any other comments relevant to this insurance. Include such things as principal carriers used, reporting procedures requested, whether or not certificates are required and any specific comments or remarks that were not covered elsewhere in this application.

By filling out and submitting this application I understand that the above information and loss exhibits attached, which are correct and complete to the best of my knowledge, is to the basis of insurance, if granted, but does not obligate me to accept the insurance, nor Underwriters to accept the risk.

The premium charged and the conditions of this policy are based upon the information provided in the questionnaire. Any operational and/or physical changes in the nature of the insured's Overwater operation during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to underwriters. Any changes advised will be assessed by underwriters to enable them to decide whether they are prepared to continue to provide this coverage and at what terms.

Failure to comply with this requirement will void the policy.

Name: _____

Title: _____

Signature: _____

Date: _____



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