ACE USA

Marine Cargo Application

Indemnity Insurance Company of North America
Philadelphia, Pennsylvania

APPLICANT: _____

ADDRESS: _____

_____

_____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

WEB-SITE ADDRESS: _____

CONTACT NAME: _____

YEARS IN BUSINESS: _____

APPLICANTS BUSINESS:
(Manufacturer, Retailer, Wholesaler, Freight, Forwarder, etc.) _____

AGENT/BROKER: _____

PHONE NUMBER: _____

FAX NUMBER: _____

ADDRESS: _____

_____

_____

ATTACHMENT DATE DESIRED:` _____

1. Total annual value of shipments (import or export): $_____ $_____
   Past 12 Months Anticipated

   What percentage is actually insured by applicant? _____%

2. List major areas of trade:

Commodity	From	Via (Port)	To	Approximate Annual Volume	% Air Cargo	% Intermodal Containers

3. Describe fully the packing used for each commodity (attach photographs, if possible) and list name and telephone number of contact for packing survey:

_____

_____

_____

_____

If Containerized:

(a) Who packs containers (shipper, carrier, other)? _____

(b) Are goods consolidated with cargo of others in containers? _____

(c) Where is container normally unpacked (discharge port, consignee's warehouse, other)?

_____

4. Locations and limits of insurance required on merchandise temporarily removed from transit (excluding while in carrier's custody). Please specify purpose of such removal from transit (e.g., temporary warehousing, consolidation, repackaging, processing, or assembly).

Location, Name & Address & Zip Code	Purpose	Limit Desired

5. Specific coverages to be included in quotation:

☐ Import Duty ☐ FOB/FAS Shipment Coverage

☐ War Risks, Strikes, Riots, and Civil Commotion ☐ "Contingency" Coverage

IF A MARINE INSURANCE POLICY IS PRESENTLY IN EFFECT, IT WILL NOT BE NECESSARY TO ANSWER THE BELOW LISTED QUESTIONS PROVIDED YOU SUPPLY US WITH:

(a) A complete copy of the current policy and rate schedule

(b) A statement of the premiums (excluding War premium) and losses (including principal cause) paid each year during the last five (5) years. Please note the insuring conditions, and, if a deductible was applicable to the losses, please note whether the amounts include the deductible amount.

(c) A note (see page 4) or letter describing the changes or additions you would like to have made.

6. Type of goods or merchandise to be insured (describe fully:)

_____

_____

7. Value of a shipping package A. Maximum $ _____ B. Average $ _____

8. Maximum value shipped per:

A. Steamer (Under Deck) $_____ D. Aircraft $ _____

B. Steamer (On Deck) $_____ E. Mail $ _____

C. Barge $_____ F. Other $ _____

(Describe on Page 4)

9. The normal valuation clause used in an Open Policy is as follows:
"Valued premium included, at amount of invoice, including all charges in the invoice, and including prepaid and/or advanced and/or guaranteed freight, if any, plus 10%."

If the above does not meet your requirements, please advise the formula you wish to use (page 4).

10. How has your insurance been handled up to now:

A. Insured through a freight forwarder ☐

B. Insured by Customer or Supplier ☐

C. Other (please explain on page 4) ☐

11. In the past five years, has your Ocean Cargo insurance policy been cancelled by an insurance company?

No ☐ Yes ☐ Reason _____

12. Please complete the following for the immediate past five years:

Year	Marine Premium	Losses Paid & Outstanding	Principal Cause of Loss

COMMENTS

In this space please provide comments relevant to this insurance. Include such things as principle steamship lines used, reporting procedures requested (i.e. monthly reports, individual declarations, etc.), whether or not negotiable Certificates are required, and any specific comments or remarks regarding necessary matters non covered elsewhere in 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 be the basis of insurance, if granted, but does not obligate me to accept the insurance, nor the Company to accept the risk.

Signature of Applicant: _____

Title: _____

Date of Application: _____

Insurance Agency: _____

Marine Cargo
Supplemental Application
Inland Transit*

1. Total annual value of shipments by land or air within/between the United States and or Canada.

   $ _____ (past 12 Months) $ _____ (anticipated)

2. Total annual value of shipments by land or air within/between foreign countries:

   $ _____ (past 12 Months) $ _____ (anticipated)

   What percentage is actually insured by applicant? _____ %

3. Value of a shipping package A. Maximum $ _____ B. Average: $ _____

4. Maximum value shipped per:

   A. Truck (common carrier) $ _____

   B. Truck (owned vehicles) $ _____

   C. Rail $ _____

   D. Air $ _____

   E. Mail/Parcel Post $ _____

   F. Parcel Delivery (FedEx, etc.) $ _____

*Inland Transit shipments refer to shipments by land or air within/between the United States and/or Canada, or shipments by land only within/between foreign countries.