

Quaker Special Risk a division of the Quaker Agency Inc.

APPLICATION FOR OPEN OCEAN CARGO POLICY

FEDERAL INSURANCE COMPANY
 VIGILANT INSURANCE COMPANY
 GREAT NORHTERN INSURANCE COMPANY

AGENT/BROKER NAME AND ADDRESS

APPLICATION DATE

APPLICANT'S NAME AND ADDRESS

IS APPLICANT:

MANUFACTURER
 IMPORTER CONSUMER BROKER
 FREIGHT FORWARDER
 PURCHASING AGENT

OTHER _____
 (Please Describe)

Does applicant have other Divisions, Subsidiaries, or Affiliates? Yes No. If 'Yes' State Name, Location and whether or not they are to be insured hereunder.

BACKGROUND:

PRESENT UNDERWRITER:

PRESENT AGENT/BROKER:

ESTIMATED ANNUAL DOLLAR VOLUME OF GOODS SHIPPED: \$ _____

PERCENT NOW INSURED BY APPLICANT _____ %

FIVE YEARS EXPERIENCE:

Amount Insured	Gross Marine Prem.	* Paid Marine Losses No. of Losses	*Outstanding Marine Losses No. of Losses
19 _____		Total Amount	Total Amount
19 _____			
19 _____			
19 _____			
19 _____			

*Attach copy of company loss exhibit showing breakdown of losses by amount and nature of loss.
 Insuring Terms of Present Policy: (Attached copy – if available)

MERCHANDISE TO BE INSURED (DESCRIBE FULLY AND ENCLOSE SALES BROCHURES, CATALOGS, PICTURES, ETC.)

PACKING: Steel Drums Fiber Drums: Solid wooden cases; Open wooden crates Export cartons
 Export bags

Are shipments containerized? Yes No. Percentage moving in container door to door. _____ %

Other: (Describe fully indicating materials, Ply and Strength of Paper bags and cartons, use of Skids, Shrinkwrap etc.--- Attach Packing Specifications for All types of Packing).

TERMS TO BE INSURED: (GIVE DOLLAR AMOUNT SHIPPED TO OR FROM THE FOLLOWING AREAS BY MEANS OF SHIPMENT)

TO	FROM	AREAS	STEAMER	AIR FREIGHT	PARCEL POST (Incl. Via air)
<input type="checkbox"/>	<input type="checkbox"/>	United Kingdom, Europe (Hamburg to Gibraltar)	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Scandinavia.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Europe Mediterranean.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Greece, Turkey and North Africa.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Africa (except as above) and Red Sea Area.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Near East.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Persian Gulf, India and Bangladesh.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Australia, New Zealand.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Japan and Hong Kong.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Far East (except as above).....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	West Indies and Hawaii.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mexico and Central America.....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	North and East Coast South America....	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	West Coast South America.....	_____	_____	_____

What is the average value per shipping package? _____ Per conveyance \$ _____

What is the average value and weight per shipment by Air \$ _____, _____ lbs.
Is full value presently declared to the air carrier? Yes No.

TERMS OF CONTRACT DESIRED

Insuring Conditions: All Risks: With Average Irrespective of Percentage: Free of Particular Average
 Other (Explain Coverage Desired)

Deductible Desired \$ _____

VALUATION: CIF + _____ % OTHER (Explain on reverse or attach copy of present clauses)

LIMITS: STEAMER \$ _____ AIRCRAFT \$ _____ PARCEL POST (Per Package limit) \$ _____

Are Special Policies (Certificates) – required Yes No - How many sets are used per month _____

War Policy required Yes No

Strikes, Riot & Civil Commotion Yes No

Special Coverages Required: (Other than MEC & South American Endorsement)

- FOB/FAS Annual Dollar Volume \$ _____
- Contingency Insurance
- Import Duty Endorsement
- Banker's Endorsement (Name of Bank)
- Automatic Warehouse Cover. Limits Required \$ _____
- Consolidation/Deconsolidation Cover
- Domestic Inland Transit Domestic Property and/or Processing
- Foreign Property and/or Processing and/or Transit
- Other

Attach any other pertinent information which would affect underwriters consideration.

Mail to CHUBB & SON INC.

Signing this application does not constitute a binder and does not bind the applicant to purchase insurance.

DATE AGENT'S/BROKER'S/APPLICANT'S NAME

IF MORE SPACE REQUIRED – USE REVERSE SIDE

(FAX

NAME: _____
COMPANY: _____
ADDRESS: _____
STATE, ZIP: _____
DATE: _____
NUMBER OF PAGES(incl. Cover): _____
* FAX TO: _____

PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.

* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

