

# OCEAN MARINE APPLICATION FOR OPEN CARGO INSURANCE

**Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.**

1. Name of Applicant		2. Applicant Web Site	
3. Applicant Address (No., Street, City, State, Zip Code, Country)		4. Telephone No.	
5. Description of operation		6. Principal commodities shipped	
7. How are goods packed for import/export		8. Who performs packing/unpacking	
9. Primary points of origin and primary points of destination:			
<b>Country</b>		<b>%</b>	
_____		_____	
_____		_____	
_____		_____	
10. Estimated %-age of shipments are in door-to-door containers?		11. Proposed attachment date	

12. Valuation

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13. Desired coverage (check all applicable items)

All Risks   
 All Risks w/Deductible \$ \_\_\_\_\_   
 F.P.A. (only)   
 War Risks   
 Import Duty  
 Contingency   
 F.O.B./F.A.S   
 Other \_\_\_\_\_

INTERNATIONAL TRANSIT

**Please list annual volume and per shipment limits breakdown below.**

14. Average \$ value per package \$ _____		15. Average \$ value per shipment \$ _____		16. Average \$ value per conveyance \$ _____	
17. Maximum \$ value per vessel \$ _____		18. Maximum \$ value per aircraft \$ _____		19. Maximum \$ value per barge \$ _____	
20. Maximum \$ value per tow \$ _____		21. Maximum value per mail \$ _____			
22. Annual \$ volume shipped \$ _____		23. Percentages of exports/imports _____ % Ocean Exports            _____ % Ocean Imports            _____ % Air Exports            _____ % Air Imports			
24. No. of Shipments		25. Usual terms of sale			

INLAND TRANSIT (Commodities shipped within borders of a country under separate bill of lading)

26. Limit Requested \$ _____		27. Annual \$ volume shipped \$ _____		28. Point of Origin		29. Point of Destination	
30. Please check desired coverage <input type="checkbox"/> All Risks <input type="checkbox"/> Other _____				31. Principal countries where domestic shipments occur			
32. Deductible Options \$ _____ \$ _____ \$ _____ \$ _____							
33. Average \$ value per shipping package or container per conveyance \$ _____				34. Maximum \$ value per shipping package or container per conveyance \$ _____			
35. Percentage shipments by transportation _____ % Rail            _____ % Truck            _____ % Air				36. No. of Shipments			
37. Usual terms of sale							

## LOSS HISTORY

38. Five year history

**Please include any additional information such as detailed loss experience, i.e. Annual Reports, brochures, etc. that may assist underwriters in their review of this account. Include warehouse losses if warehouse coverage is requested.**

Year	Premium	Paid & O/S Losses	L/R%	Volume \$(000)	Coverage Terms	Insurance Company
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$	\$	\$	\$

39. Agent/Broker

40. Contact

41. Producer Code

42. Comments

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**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK (Non Auto):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**PUERTO RICO FRAUD WARNING:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**TENNESSEE (Non WC):** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

**REQUIRED COMPLETION - READ AND SIGN**

**I understand that the above information, which is 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.**

Applicant's Signature <b>X</b>	Date
Agent's Signature <b>X</b>	Date

**OCEAN MARINE**  
**WAREHOUSE INFORMATION SUPPLEMENT - OPEN CARGO**

**Complete a separate worksheet for each warehouse to be covered. Request for warehouse/processor location coverage. All information must be completed on this form before this coverage can be quoted and/or bound.**

1. Name of Applicant		
2. Name of Location		
3. Address (No., Street, City, State, Zip Code, Country)		
4. Contact Person		5. Telephone Number
6. Limit of coverage required (stock only)	7. Maximum inventory stock	8. Average inventory/stock
9. Operation/types (check one) <input type="checkbox"/> Public warehouse (storage only) <input type="checkbox"/> Assured's Warehouse (storage only) <input type="checkbox"/> Processing Location		
10. Please check desired coverage <input type="checkbox"/> All Risks <input type="checkbox"/> Named Perils		11. Name Perils
12. Deductible Options \$ _____ \$ _____ \$ _____ \$ _____		
13. Earthquake deductible	14. Flood deductible	15. Wind deductible if Hurricane exposed

16. Physical Characteristic (please check one only)
- Frame** - Exterior walls are wood or other combustible materials.
  - Joisted Masonry** - Exterior walls are constructed of masonry materials and floors and roofs are combustible.
  - Non-Combustible** - Exterior walls and floors and roof are constructed of, and supported by metal or other non-combustible materials.
  - Masonry Non-Combustible** - Exterior walls are constructed of masonry materials with floors and roof of metal or other non-combustible materials.
  - Modified Fire Resistive or Fire Resistive** - Exterior walls and floors and roof are constructed of masonry or fire resistive materials.

17. Age of Building/Year Built? \_\_\_\_\_

**SECURITY AND FIRE PROTECTION**

18. Type of premises alarm systems (check all that apply)			
<input type="checkbox"/> Burglar System	<input type="checkbox"/> Fire System	<input type="checkbox"/> 24-Hour Watchman	<input type="checkbox"/> UL Certified
<input type="checkbox"/> No Burglar System	<input type="checkbox"/> No Fire System	<input type="checkbox"/> Central Station	<input type="checkbox"/> Grounds Fenced
19. Type of premises fire protection (check all that apply)			
<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Wet	<input type="checkbox"/> Public Fire Depart.	<input type="checkbox"/> Portable Fire Extinguishers
<input type="checkbox"/> No Sprinkler System	<input type="checkbox"/> Dry	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Any Combustibles