



Britt / Paulk  
Insurance Agency, Inc.

## APPLICATION FOR OPEN CARGO POLICY

Applicant's Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Business of Insured: ( ) Manufacturer ( ) Retailer ( ) Wholesaler ( ) Distributor ( ) Other  
Description of Goods to be Covered:

Type of Packing: ( ) Wooden Cases ( ) Cartons ( ) Bales ( ) Drums ( ) Container ( ) Bulk  
( ) Palletized ( ) Shrink-wrapped ( ) Bags, Type and Ply \_\_\_\_\_

Container Service \_\_\_\_\_ % Contemplated.  
Please check Method of Container Service: Door to Door \_\_\_\_\_ Pier to Door \_\_\_\_\_ Pier to Pier \_\_\_\_\_

Terms of Coverage: ( ) All Risk ( ) Other Terms (Specify) \_\_\_\_\_

Desired Deductible Amount: \$ \_\_\_\_\_ Percentage \_\_\_\_\_ %  
(Current Deductible if different than above) \_\_\_\_\_

Geographic Scope: ( ) Import ( ) Export ( ) World to World ( ) Other Specify \_\_\_\_\_

Principal Trading Areas (Name Countries) and Terms of Sales:

From	Via (Port)	To	Terms of Sale	Estimated Annual Volume (Indicate % Insured)

Basis of Valuation: Invoice Cost plus Freight Plus \_\_\_\_\_ % Other (Specify) \_\_\_\_\_

Average Value Per Shipment: \_\_\_\_\_ Maximum Value Per Shipment: \_\_\_\_\_

Limits of Liability Required: Any One Vessel \_\_\_\_\_ Aircraft \_\_\_\_\_  
Foreign Parcel Post/FedEx/UPS (Per Package) \_\_\_\_\_ Any One Barge/Tow \_\_\_\_\_

Estimated Annual Volume of Shipments: \_\_\_\_\_ Annual Gross Sales: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Has Present Carrier Requested Replacement of  
Coverage/ Given Notice of Cancellation? Yes \_\_\_\_\_ No \_\_\_\_\_

If No Cargo Policy in Force, How Has Your Insurance Been Handled Up to Now:

- A. Insured Through a Freight Forwarder ( )
- B. Insured By Customer or Supplier ( )



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C. Other ( ) Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Premium and Loss Experience for Past Five ( 5 ) Years (All coverage's requested):**

Year	Premium	Paid Losses	Outstanding Losses	Recoveries	Principal Cause of Loss	# of Claims
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Does the above Premium and Loss Experience include War, Domestic or Foreign Transit or Warehouse/Processing Premium? Yes\_\_\_\_\_ No\_\_\_\_\_

Additional Coverages To Be Included In Quotation: ( ) War, Strikes, Riots & Civil Commotions ( ) Duty ( ) Contingent Interest ( ) FOB/FAS ( ) Increased Value/D.I.C. ( ) Domestic Inland Transit ( ) Domestic /Foreign Warehouse Coverage ( ) Domestic/Foreign Processors ( ) Other

**Description of Domestic Inland Transit Operations (If Coverage Requested):**

Geographic Limits: \_\_\_\_\_  
Average Value per Shipment: \_\_\_\_\_ Maximum Value Per Shipment: \_\_\_\_\_  
Limits Required: \_\_\_\_\_ Estimated Annual Volume: \_\_\_\_\_  
Valuation: \_\_\_\_\_ Modes of Transit: Rail \_\_\_\_\_ % Common Carrier \_\_\_\_\_ %  
Owned Truck \_\_\_\_\_ % Air \_\_\_\_\_ % Describe Packing: \_\_\_\_\_  
Shipment Security (Seals, Locks, Alarms etc.) \_\_\_\_\_  
Inland Transit Losses: \_\_\_\_\_

**Description of Domestic /Foreign Warehouse/Processing Operations (If Coverage Requested):**

KEY - Insert W - Warehouse Location, P - Processing Location

IMPORTANT Location Information \*Cons/Prot. (Request for each Named Location - Provide Construction, Protection and Sprinklered or Non Sprinklered location information)

Location :Name, Address <u>Zip Code, Country</u>	Average Monthly <u>Value</u>	Maximum Monthly <u>Value</u>	Location Const./ Protect*	Required Limit	Key <u>W or P</u>	Commodity <u>Type</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____



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**Additional Locations can be attached on Separate Sheet.**

**Unnamed Location Coverage Required ?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Requested Limit** \_\_\_\_\_

**Are Any of These Locations Owned and/or Operated by the Applicant?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please indicate Owned Locations above by adding 0 to the Key Column.**

**Is the Applicant and all their business partners aware of the United States and Foreign Countries restrictive laws and regulations? Do they have an OFAC compliance program in place?** Yes \_\_\_ or No \_\_\_

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF 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.**

**Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.**

**Applicant:** \_\_\_\_\_

**Anticipated Attachment Date :** \_\_\_\_\_



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## APPLICATION FOR SEAFOOD - OPEN CARGO POLICY

Applicant's Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Company Web Site: \_\_\_\_\_  
Best Time to Call \_\_\_\_\_ Program Anniversary Date \_\_\_\_\_

Other Company Names: \_\_\_\_\_

Business of Insured: ( ) Manufacturer ( ) Retailer ( ) Wholesaler ( ) Distributor ( ) Processor  
( ) Other Define: \_\_\_\_\_

Describe the Nature of your business: \_\_\_\_\_  
\_\_\_\_\_

Describe the Seafood to be insured: \_\_\_\_\_  
\_\_\_\_\_

Product Categories to be insured: ( ) FRESH %\_\_ ( ) FROZEN %\_\_ ( ) CANNED %\_\_

( ) SMOKED/CURED %\_\_ ( ) LIVE %\_\_ ( ) ONCE FROZEN THEN THAWED %\_\_

( ) BREADED/PREPARED %\_\_ ( ) OTHER DEFINE: % \_\_, \_\_\_\_\_

Type of Packing : ( ) Packages ( ) Cartons ( ) Bagged, Type \_\_\_\_\_ ( ) Container  
( ) Palletized

Describe Packing in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipped by Refrigerated Container \_\_\_\_\_ Annual % via ( ) Vessel or ( ) Air -

Shipped by Non Refrigerated Container in Dry Ice \_\_\_\_\_ Annual % via Vessel or ( ) Air -

Shipped by Other Method, Describe: \_\_\_\_\_, \_\_\_\_\_ Annual %

Please check Method of Container Service: Door to Door \_\_\_\_\_ Pier to Door \_\_\_\_\_ Pier to Pier \_\_\_\_\_

LCL \_\_\_\_\_ Name of Container Lines Used: \_\_\_\_\_



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**Geographic Scope:** ( ) Import ( ) Export ( ) World to World ( ) Other Specify \_\_\_\_\_

**Principal Trading Areas (Name Countries) and Terms of Sales:**

<b>From</b>	<b>Via (Port)</b>	<b>To</b>	<b>Terms of Sale</b>	<b>Estimated Annual Volume (Indicate % Insured)</b>

**Insuring Conditions:** ( ) All Risk , Canned Only ( ) All Risks- 24 Hour Reefer Breakdown

( ) Institute Frozen Food Clause (A) ( ) Institute Frozen Food Clause (C)

( ) Duty ( ) SR&CC ( ) War

**Other Terms (Specify)** \_\_\_\_\_

**Current Insuring Conditions** \_\_\_\_\_

**Desired Deductible Amount:** \$ \_\_\_\_\_ Percentage \_\_\_\_\_ %

**Current Deductible if different than above:** \_\_\_\_\_

**Basis of Valuation:** Invoice Cost plus Freight Plus \_\_\_\_\_ %

**Other Valuation Requested (Specify)** \_\_\_\_\_

**Current Valuation if different than above** \_\_\_\_\_

**Limits of Liability Required:**

**Any One Vessel** \_\_\_\_\_ **Any One Aircraft** \_\_\_\_\_

**Any One Conveyance** \_\_\_\_\_ **Any One Barge/Tow** \_\_\_\_\_



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**Foreign Parcel Post/FedEx/UPS (Per Package)** \_\_\_\_\_ **Any One Trade Show** \_\_\_\_\_  
**Number of Trade Shows Annually** \_\_\_\_\_

**Via Vessel :-**  
**Average Value Per Shipment:** \_\_\_\_\_ **Maximum Value Per Shipment:** \_\_\_\_\_

**Via Air:-**  
**Average Value Per Shipment:** \_\_\_\_\_ **Maximum Value Per Shipment:** \_\_\_\_\_

**Via Foreign Parcel Post/Fed Ex/ UPS - International Mail:-**  
**Average Value Per Shipment:** \_\_\_\_\_ **Maximum Value Per Shipment:** \_\_\_\_\_

**Average Value Per Trade Show:** \_\_\_\_\_ **Maximum Value Per Trade Show:** \_\_\_\_\_

**Estimated Annual Volume of Shipments:** \_\_\_\_\_ **Annual Gross Sales:** \_\_\_\_\_

**Estimated Annual Insured Values - Intercompany Shipments** \_\_\_\_\_

**Estimated Annual Insured Valued - Other, Define:** \_\_\_\_\_

**Prior Year Annual Volume of all Shipments:** \_\_\_\_\_

\*\*\*\*\*

**Current Insurance Carrier:** \_\_\_\_\_ **Has Present Carrier Requested Replacement of  
Coverage/ Given Notice of Cancellation? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If No Cargo Policy in Force, 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Premium and Loss Experience for Past Five ( 5 ) Years (all coverages requested):**

Year	Premium	Paid Losses	Outstanding Losses	Recoveries	Principal Cause of Loss	# of Claims
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Does the above Premium and Loss Experience include War, Domestic or Foreign Transit or Warehouse/Processing Premium? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDITIONAL COVERAGES REQUESTED:**

To Be Included In Quotation: ( ) War, Strikes, Riots & Civil Commotions ( ) Duty

( ) Contingent Interest ( ) FOB/FAS ( ) Increased Value/D.I.C. ( ) Domestic Inland Transit

( ) Foreign Inland Transit ( ) Domestic /Foreign Warehouse Coverage

( ) Domestic/Foreign Processors ( ) Other \_\_\_\_\_  
\_\_\_\_\_

**Description of Domestic Inland Transit Operations (If Coverage Requested):**

( ) DOMESTIC USA ONLY ( ) INCLUDING CANADA

Geographic Limits: \_\_\_\_\_

Average Value per Shipment: \_\_\_\_\_ Maximum Value Per Shipment: \_\_\_\_\_

Limits Required: \_\_\_\_\_ Estimated Annual Volume: \_\_\_\_\_

Valuation: \_\_\_\_\_ Modes of Transit: Rail \_\_\_\_\_ % Common Carrier \_\_\_\_\_ %

Owned Truck \_\_\_\_\_ % Air \_\_\_\_\_ % Describe Packing: \_\_\_\_\_

Shipment Security (Seals, Locks, Alarms etc.) \_\_\_\_\_

Describe Packing, including details regarding Refrigeration: \_\_\_\_\_

Inland Transit Losses: \_\_\_\_\_  
\_\_\_\_\_



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**Description of Foreign Inland Transit Operations (If Coverage Requested):**

( ) FOREIGN COUNTRIES ONLY ( ) INCLUDING MEXICO ( ) OTHER \_\_\_\_\_

**Geographic Limits:** \_\_\_\_\_

**Average Value per Shipment:** \_\_\_\_\_ **Maximum Value Per Shipment:** \_\_\_\_\_

**Limits Required:** \_\_\_\_\_ **Estimated Annual Volume:** \_\_\_\_\_

**Valuation:** \_\_\_\_\_ **Modes of Transit: Rail** \_\_\_\_\_ % **Common Carrier** \_\_\_\_\_ %

**Owned Truck** \_\_\_\_\_ % **Air** \_\_\_\_\_ % **Describe Packing:** \_\_\_\_\_

**Shipment Security (Seals, Locks, Alarms etc.)** \_\_\_\_\_

**Describe Packing, including details regarding Refrigeration:** \_\_\_\_\_

**Inland Transit Losses:** \_\_\_\_\_

**Description of Domestic /Foreign Warehouse/Processing Operations (If Coverage Requested):**

**KEY - Insert W - Warehouse Location, P - Processing Location**

**IMPORTANT Location Information \*Cons/Prot. (Request for each Named Location - Provide Construction, Protection and Sprinklered or Non Sprinklered location information)**

<u>Location :Name, Address Zip Code, Country</u>	<u>Average Monthly Value</u>	<u>Maximum Monthly Value</u>	<u>Location Const./ Protect*</u>	<u>Required Limit</u>	<u>Key W or P</u>	<u>Seafood Type</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Additional Locations can be attached on Separate Sheet.**

**Unnamed Location Coverage Required ? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Requested Limit** \_\_\_\_\_



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Are Any of These Locations Owned and/or Operated by the Applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate Owned Locations above by adding 0 to the Key Column.

Is the Applicant and all their business partners aware of the United States and Foreign Countries restrictive laws and regulations? Do they have an OFAC compliance program in place? Yes \_\_\_ or No \_\_\_

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**Signing this form does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.**

Applicant: \_\_\_\_\_

Anticipated Attachment Date : \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_



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## APPLICATION FOR SINGLE SHIPMENT CARGO INSURANCE

Applicant's Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Business of Insured: ( ) Manufacturer ( ) Retailer ( ) Wholesaler ( ) Distributor ( ) Other

Description of Applicants  
Operations: \_\_\_\_\_  
\_\_\_\_\_

Description of Goods to be Covered :  
\_\_\_\_\_  
\_\_\_\_\_

Type of Packing: ( ) Wooden Cases ( ) Cartons ( ) Bales ( ) Drums ( ) Container ( ) Bulk  
( ) Palletized ( ) Shrink-wrapped ( ) Bags, Type and Ply \_\_\_\_\_

Container Service \_\_\_\_\_ % Contemplated.

Please check Method of Container Service: Door to Door \_\_\_\_\_ Pier to Door \_\_\_\_\_ Pier to Pier \_\_\_\_\_

Terms of Coverage: ( ) All Risk ( ) Other Terms (Specify) \_\_\_\_\_

Desired Deductible Amount: \$ \_\_\_\_\_ Percentage \_\_\_\_\_ %  
(Current Deductible if different than above) \_\_\_\_\_

Geographic Scope:  
Name Countries from which Goods will be shipped : (include Port Name)  
\_\_\_\_\_

Name Countries to which Goods will be shipped : (Include Port Name)  
\_\_\_\_\_

Terms of Sale: \_\_\_\_\_

Name of Shipping Line/Airline: \_\_\_\_\_ Name of Vessel: \_\_\_\_\_

Basis of Valuation: Invoice Cost plus Freight Plus \_\_\_\_\_ % Other (Specify) \_\_\_\_\_



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**Limit of Liability Required:**

Vessel \_\_\_\_\_

Aircraft \_\_\_\_\_

Single Barge/Tow \_\_\_\_\_

Domestic Inland Transit \_\_\_\_\_

**Current Insurance Carrier:** \_\_\_\_\_ **Has Present Carrier Requested Replacement of Coverage/ Given Notice of Cancellation? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If No Cargo Policy in Force, 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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Premium and Loss Experience for Past Five ( 5) Years (All coverage's requested):**

Year	Premium	Paid Losses	Outstanding Losses	Recoveries	Principal Cause of Loss	# of Claims
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Additional Coverages To Be Included In Quotation:** ( ) War, Strikes, Riots & Civil Commotions ( ) Duty ( ) Contingent Interest ( ) FOB/FAS ( ) Increased Value/D.I.C. ( ) Domestic Inland Transit ( ) Domestic /Foreign Warehouse Coverage ( ) Domestic/Foreign Processors ( ) Other

\_\_\_\_\_  
\_\_\_\_\_

**Description of Domestic Inland Transit Operations (If coverage for the single shipment above required):**

**Geographical scope of coverage**

**required:** \_\_\_\_\_

**Modes of Transit: Rail** \_\_\_\_\_ **% Common Carrier** \_\_\_\_\_ **% Owned Truck** \_\_\_\_\_ **% Air** \_\_\_\_\_ **%**

**Describe Packing:** \_\_\_\_\_

**Shipment Security (Seals, Locks, Alarms etc.)** \_\_\_\_\_



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**Description of Domestic /Foreign Warehouse/Processing Operations (If coverage for the single shipment above required):**

**KEY - Insert W - Warehouse Location, P - Processing Location**

**IMPORTANT Location Information \*Cons/Prot. (Request for each Named Location - Provide Construction, Protection and Sprinklered or Non Sprinklered location information)**

<b>Location :Name, Address <u>Zip Code, Country</u></b>	<b>Length of time for Storage of shipment</b>	<b>Const./ Protect*</b>	<b>Required Limit</b>	<b>Key <u>W or P</u></b>	<b>Commodity <u>Type</u></b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Is the Applicant and all their business partners aware of the United States and Foreign Countries restrictive laws and regulations? Do they have an OFAC compliance program in place? Yes \_\_\_ or No \_\_\_**

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**Applicant:** \_\_\_\_\_

**Anticipated Attachment Date :** \_\_\_\_\_