



OPEN CARGO POLICY QUESTIONNAIRE

PRODUCER INFORMATION

1. Name of agency: _____
2. Producer and telephone number: _____
3. Is the account new to the producer? YES NO If "No," how many years has this account been handled? _____

GENERAL INFORMATION

1. Applicant: _____
2. Contact person: _____
3. Business address: _____
4. Effective date of coverage: _____
5. Telephone: _____ FAX: _____
6. Email: _____
7. Description of business: _____
8. Merchandise: _____
9. Packing: _____
10. Are containers opened prior to reaching final destination? YES NO If "Yes," by whom? _____
 Do you provide packers or carriers with a waiver of subrogation? YES NO If "Yes," to whom? _____
11. Valuation: CIF + 10 % Selling price (on goods sold) Other (please explain) _____
12. Average values: Per package: _____ Per container: _____ Per shipment: _____
13. Maximum values: Per container: _____ Per vessel: _____ Per aircraft: _____
14. Primary areas of trade: _____
15. Total values exported: _____ Total values imported: _____ Annual gross sales: _____

Optional coverages requested:

War, Strikes, Riots, Civil Commotions Terrorism Duty on imports

Contingency Domestic transit. If so, total values: _____

Exhibition. If so, number per year _____; Limit _____

Warehouse and processing locations (please list)

Address	Amount of Insurance

PREMIUM AND LOSS HISTORY

Year	Premium Paid	Losses Paid	Outstanding	Number of Claims

HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.

Has Insurance ever been denied, cancelled or non-renewed for this applicant or affiliated companies?

YES NO If "Yes," why? _____

Additional Comments:

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, and denial of insurance benefits.

The foregoing statements made and signed by the applicant and/or his duly authorized agent are warranted by him to be a correct and true basis on which insurance may be granted, but in no way bind the applicant to accept the quotation or the insurers to accept the risk.

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____