

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. Assured Contact: _____ 3. Effective Date: _____
4. Business address: _____
5. Telephone: _____ FAX: _____
6. Email: _____ Website: _____
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. Insuring Conditions Requested:

All Risks	Free of Particular Average
War, SR&CC	Bulk Liquid Clauses
Exhibition: Limit _____	Other: _____
13. Limits Requested:

Vessel limit: _____	Aircraft: _____
Barge limit: _____	Truck/Railcar: _____
Mail/Parcel Post: _____	Other: _____
14. Deductible Requested: _____

OCEAN CARGO

1. What percentage of shipment values are by the following modes of transportation:
Vessel: _____% Air: _____% Truck: _____% Other: _____%
2. Shipment type:
Containerized: _____% Ro/Ro: _____% Bulk: _____% Breakbulk: _____% Oversize: _____% Other: _____%
3. Average values: Per package: _____ Per container: _____ Per shipment: _____
4. Maximum values: Per container: _____ Per vessel: _____ Per aircraft: _____
5. Primary areas of trade: _____
6. Total values exported: _____ Total values imported: _____ Annual gross sales: _____
7. Value of shipments at Assured's Risk: Current 12 month term: _____ Upcoming 12 month term: _____
8. Terms of Sale: Cost, Insurance, Freight: _____% Free On Board/Free Alongside: _____% Other: _____%
9. Contingent values: Are there shipment values that primary coverage is to be supplied by third party but Assured requires contingency coverage? YES NO Annual values: _____

DOMESTIC TRANSIT

1. What percentage of shipment values are by the following modes of transportation:

Truck: _____% Rail: _____% Air: _____% Barge: _____% Oversize: _____% Other: _____%

2. Average values per conveyance: _____

3. Maximum values per conveyance: _____

4. Value of shipments at Assured's Risk: Current 12 month term: _____ Upcoming 12 month term: _____

5. Terms of Sale: Cost, Insurance, Freight: _____% Free On Board/Free Alongside: _____% Other: _____%

6. Contingent values: Are there shipment values that primary coverage is to be supplied by third party but Assured requires contingency coverage? YES NO Annual values: _____

7. Does Assured ship goods on owned conveyances (i.e. Trucks)? YES NO If "Yes," what percent of shipments are on owned conveyances: _____%

STORAGE

Please note if any locations below have processing operations on premise.

Location (Name & Address)	Construction/ Age	Sprinklered / Central Station Alarms	Average Values	Limit Requested	Deductible Requested	Type of Facility (select one)
						Owned Leased Third Party
						Owned Leased Third Party
						Owned Leased Third Party
						Owned Leased Third Party

Is there a Peak Season to your business? YES NO If "Yes," please indicate months of peak season: _____

LOSS HISTORY

Please supply 5 year history of premium and loss history.

*Company premium and loss runs will be accepted.

Policy Term	Insuring Company	Premium	Losses	Loss Description

NOTICE TO APPLICANT FOR INSURANCE - FRAUD WARNING

THIS NOTICE IS PART OF YOUR APPLICATION FOR COMMERCIAL INSURANCE. FOR YOUR PROTECTION VARIOUS STATE LAWS REQUIRE THE FOLLOWING NOTICE:

GENERAL FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 [NEW YORK: SUBSTANTIAL] CIVIL PENALTIES." (NOT APPLICABLE IN COLORADO, FLORIDA, HAWAII, MASSACHUSETTS, NEBRASKA, OHIO, OKLAHOMA, OREGON, VERMONT OR WASHINGTON; IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, VIRGINIA INSURANCE BENEFITS MAY ALSO BE DENIED.)

STATE SPECIFIC FRAUD STATEMENTS

IN **MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN ADDITION, IN **CALIFORNIA**, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

THIS NOTICE IS PART OF YOUR APPLICATION FOR COMMERCIAL INSURANCE. FOR YOUR PROTECTION **COLORADO** LAW REQUIRES THE FOLLOWING NOTICE: **FRAUD WARNING:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

IN THE **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.

IN **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.

THIS NOTICE IS PART OF YOUR APPLICATION FOR COMMERCIAL INSURANCE. FOR YOUR PROTECTION **HAWAII** LAW REQUIRES YOU BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

FOR YOUR PROTECTION **OHIO** LAW REQUIRES YOU BE INFORMED THAT ANY PERSON WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

FOR YOUR PROTECTION **OKLAHOMA** LAW REQUIRES THE FOLLOWING NOTICE: 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.

FOR YOUR PROTECTION **RHODE ISLAND** LAW REQUIRES YOU BE INFORMED THAT 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.

IN **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.

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 Signature: _____ Date: _____

Agent/Broker Signature: _____ Date: _____