



INSURANCE AGENCY, INC.
PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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APPLICATION FOR OCEAN CARGO INSURANCE

Date _____

Open Policy Trip Risk One Year Term Policy

To be effected with _____ Insurance Company

Name of Assured *(Include names of all subsidiary firms or corporations to be insured)*

Address of Assured

Telephone

Fax

Name of Agent or Broker

Address of Agent or Broker

Telephone

Fax

Geographical Limits

U.S. to World World to U.S. World to World River Shipments Great Lakes

Other: _____

Valuation

Amount of Invoice, including charges, plus ocean freight, plus _____ %

Other: _____

Principal Merchandise to be insured *(enclose pictures or illustrated catalogs, if available):*

Packing - Describe in detail *(enclose pictures or illustrated catalogs, if available):*

Insuring Conditions

All Risks Deductible \$ _____ % Franchise \$ _____ %

Free of Particular Average With Average 3% With Average I.O.P.

Other: _____

Special Conditions

War Risk Contingent Interest Difference in Conditions S.R. & C.C.

FOB/FAS Increased Value Duty Coverage Warehouse Coverage

Processor's Coverage *(Attach list of locations)* Installation Coverage Exhibition Coverage

Other: _____ **Limits of Insurance** _____

Name of Present Insurer:	Name of Present Broker:
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Premium and Loss Experience for past 5 YRS *(attach loss analysis if available)*

	Exports	Imports	Warehouse
Premium (excluding War)	\$	\$	\$
Losses Paid and Outstanding	\$	\$	\$

Principal kind of loss

Principal Countries Involved in Losses

Remarks *(attach extra sheets if necessary):*

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QUOTED
 DECLINED *Reason:* _____
 BINDING *Effective Date:* _____