

Cargo Insurance Questionnaire

Insured Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Contact: _____

Annual Values: Import \$ _____ Export \$ _____ Domestic Truck \$ _____
 Domestic Courier \$ _____ Own Truck \$ _____

Effective Date: _____ # of years in business _____ Annual Gross Sales _____

Description of Merchandise (if more than one commodity provide % for each) _____

COUNTRIES SHIPPED FROM	COUNTRIES SHIPPED TO	% BY AIR	% BY OCEAN	% OF ALL SHIPPED
1. _____	_____	_____ %	_____ %	_____ %
2. _____	_____	_____ %	_____ %	_____ %
3. _____	_____	_____ %	_____ %	_____ %

Valuation (choose one by marking with an X) Cost + Freight + 10% _____ Invoice Value _____
 Invoice Value + Freight _____

Do you wish to insure Duty on imports? Yes _____ No _____

Is warehouse storage required? Yes _____ No _____ If so, please attached application

Per Shipment Values (this should be per single shipment)

A) Average: Per Vessel \$ _____ Per Aircraft \$ _____ Domestic Truck \$ _____
 Domestic Courier \$ _____ Own Truck \$ _____
 B) Max: Per Vessel \$ _____ Per Aircraft \$ _____ Domestic Truck \$ _____
 Domestic Courier \$ _____ Own Truck \$ _____

Type of Coverage Required: All Risk _____ FPA _____ War _____ Other (see below)

Other Coverages Required: _____

Current Insurance Carrier _____ Premium Paid Last Premium Year: _____

Current Insurance Agent/Broker _____ Is loss run available? Yes _____ No _____

Loss History	Paid	Pending	Number	Brief Description
3 rd full year prior – 19__ :	\$ _____	\$ _____	_____	_____
2 nd full year prior – 20__ :	\$ _____	\$ _____	_____	_____
1 st full year prior – 20__ :	\$ _____	\$ _____	_____	_____

Agency _____ Producer _____
 Signature: _____ Title: _____ Date: _____