BULK CARGO APPLICATION

1	Insured's Name	
2	Address	Street / City / State / Zip
3	Proposed Effective Date	
4	Contact Name	
5	Phone Number	
6	Email Address	
7	Website	

INSURED'S BUSINESS DETAILS

8	Describe the Insured's Business (i.e. Manufacturer/Distributor/Wholesaler)	
9	Is this a start-up business? Yes/No ____	**10** Number of Years in Business ____
11	Is this a freight forwarder, customs broker and/or a logistics company?	
12	Do all shipments originate from or are destined to the United States (or Canada)? Yes / No ____ If "no" Please provide details	

OCEAN CARGO COVERAGE Questions 13-31

13	Any special coverage requests or extensions other than Domestic Transit and Warehouse Coverage? Yes / No ____ If "yes" please describe	
14	Please provide a breakdown of the commodities to be shipped. (Detailed description of goods/commodities)	See Question 44
15	Are shipments principally vessel containerized and/or air shipments? Yes / No ____ If "no" please provide details	
16	Describe packaging method (i.e. carton, shrink wrapped, etc.)	
17	Who packs the containers? (shipper/carrier/other)	
18	Where are containers normally unpacked? (Discharge port, consignee's warehouse, other)	

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METHOD OF CONVEYANCE

	Please provide a breakdown	____ % vessel ____ % air
19	Are any goods and/or merchandise being shipped via barge?	Yes / No ____
	If "yes" please provide details	

VALUATION, TURNOVER AND LIMITS

20	Standard policy valuation is Cost/Insurance/Freight plus 10% (CIF +10%) Enter requested valuation (if different from standard valuation)		Yes / No ____	
21	Total Estimated Annual Shipment Values		22 Total Estimated Annual Sales	
23	Required limit per any one conveyance		24 Requested Deductible	
25	Maximum value of any one shipment		26 Avg. value per shipment	

TRADING & GEOGRAPHY

27	Please state the percentage breakdown of the Insured's imports and/or exports	____ % Import ____ % Export

28 Please list Countries where goods are being imported/exported

From:		To:		%
From:		To:		%
From:		To:		%
From:		To:		%
From:		To:		%

INSURANCE HISTORY

	Is there an Ocean Cargo Policy currently in force?	Yes / No ____
29	If "yes", what is the Current Insurance Carrier and current rate? If "no", how has the insurance been handled until now?	
30	Has insurance been maintained for at least 3 years?	Yes / No ____
	Have you sustained any Ocean cargo losses (insured or not) in the last 5 years?	Yes / No ____
31	Please provide details of all losses (date, $ amount, description) and 5 years loss runs.	

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DOMESTIC TRANSIT Questions 32-39

32	Do you require Domestic Transit coverage between/within the United States and/or Canada?	Yes / No ____
	Are the commodities to be covered under the Domestic Transit section the same as the Ocean Cargo Section?	Yes / No ____
33	If "no" please provide details	
34	Please provide annual estimated shipment values	
35	Please indicate the Maximum Value of any one shipment	
36	Please indicate the Average Value of any one shipment	
37	Types of conveyance used	Truckers: ____ % Air: ____ % Rail: ____ % FedEx/UPS: ____ % Owned/Leased Vehicle: ____ %

INSURANCE HISTORY

38	Please provide current insurance carrier and rate	
	Has the Insured sustained any Domestic Transit losses (insured or not) in the last 5 years?	Yes / No ____
39	If "yes", please provide full details of all claims including attaching loss runs and any other relevant documentation	

WAREHOUSE STORAGE Questions 40-42

	Do you require coverage for the insured goods while in storage?	Yes / No ____
40	If "yes", please provide full details of all claims including attaching loss runs and any other relevant documentation	

	Location	Address	Construction/COPE	Sprinkler	Alarm
Name:				Wet / Dry ____	No
Limit:					
Average:					
Name:				Wet / Dry ____	____
Limit:					
Average:					
Name:				Wet / Dry ____	____
Limit:					
Average:					

41	Requested Deductible	

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INSURANCE HISTORY

	Have there been any previous losses within the last 5 years at any one of the above locations? Yes / No	
42	If "yes", please explain in greater detail	

COMMENTS

Please provide any other comments relevant to this insurance. Include such things as principal carriers used, reporting procedures requested, whether or not certificates are required and any specific comments or remarks that were not covered elsewhere in this application.

By filling out and submitting this application I understand that the above information and loss exhibits attached, which are correct and complete to the best of my knowledge, is to the basis of insurance, if granted, but does not obligate me to accept the insurance, nor Underwriters to accept the risk.

The premium charged and the conditions of this policy are based upon the information provided in the questionnaire. Any operational and/or physical changes in the nature of the insured's Overwater operation during the policy period which materially changes or alters in any way the information contained in this questionnaire must immediately be advised to underwriters. Any changes advised will be assessed by underwriters to enable them to decide whether they are prepared to continue to provide this coverage and at what terms.

Failure to comply with this requirement will void the policy.

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CARGO DETAILS	
43. Insured Role in Cargo (Shipper, Receiver, Broker, etc.)	
44. Description and quantity of cargo	
45. Provide IMSBC classification (if known) incl. Group Classification and whether cargo is listed or unlisted. If cargo is unlisted, provide evidence of competent authority approval.	
46. Is cargo hazardous in nature?	☐ Yes ☐ No If yes, provide the IMO/IMDG hazard classification code and UN number:
47. Is cargo susceptible to self-heating or spontaneous combustion?	☐ Yes ☐ No If yes, provide details:
48. Is cargo moisture-sensitive or capable of liquefaction during transit?	☐ Yes ☐ No If yes, provide details:
49. Are there any special conditions of carriage?	☐ Yes ☐ No If yes, provide details:
50. Performing Vessel Details incl. Name, IMO Number, Flag, Class, Age, PSC History	
MOISTURE & TESTING	
51. Provide TML and Moisture Content sampling plan and lab accreditation (if applicable). a. For IMSBC Code Group A cargoes, include copies of all relevant certificates with sampling protocols, and test dates	
52. Describe sampling/testing procedures.	
TRANSIT & STORAGE	
53. Provide full transit route (origin to destination, including conveyances, ports/terminals, transshipments, & storage durations). a. Provide route survey and permits for land legs; temporary works	
54. Describe storage conditions prior to loading.	
55. Will cargo be exposed to rain during loading?	☐ Yes ☐ No If no, explain controls (terminal arrangements, stockpile cover & drainage):
56. If the cargo has been stored in open stockpiles and exposed to the elements prior to loading, what measures will be implemented by the loading terminal to monitor and mitigate the risk of spontaneous combustion?	

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57. Will holds be inspected and certified clean/dry?	☐ Yes ☐ No If yes, what standard will be used:
58. Will hatch covers be tested for watertightness?	☐ Yes ☐ No If yes, describe the method:
59. Will the holds be trimmed upon completion of loading?	☐ Yes ☐ No If yes, describe the method (spout, machine, etc.): If no, has the angle of repose been considered and calculated? Provide calculation:
60. Will Draft/Ullage surveyors be appointed upon loading & discharge?	☐ Yes ☐ No If yes, provide Company Details and Point of Contact:
RISK CONTROLS	
61. Describe fumigation/ventilation plans and monitoring procedures during transit, if applicable.	
62. Describe contamination prevention measures:	
63. Will a review of the vessel's cargo trim and stability calculations been performed?	☐ Yes ☐ No
EXPOSURE & ADDITIONAL INFO	
64. Any weather/seasonal risks affecting shipment? Include any potential CAT Risks (wind, flood, quake, ice)	☐ Yes ☐ No If yes, provide further details:
65. Is a weather plan in place for loading and/or discharging of weather sensitive cargo?	☐ Yes ☐ No If yes, provide further details of the plan and procedures:
66. Is the vessel utilizing a weather routing service?	☐ Yes ☐ No If yes, provide details of the service provider and the nature of the routing advisory:
67. List any required clauses for shortage/contamination.	
68. Is a clean Bill of Lading required?	☐ Yes ☐ No If yes, what steps will be taken to examine the cargo and rectify any defects before loading:
69. Additional comments	
Name:	**Title:**
Signature:	**Date:**