PROJECT 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	See question 65
14	Please provide a breakdown of the commodities to be shipped. (Detailed description of goods/commodities)	See question 46
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.)	See question 48
17	Who packs the containers? (shipper/carrier/other)	
18	Where are containers normally unpacked? (Discharge port, consignee's warehouse, other)	

PROJECT CARGO APPLICATION

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.	

PROJECT CARGO APPLICATION

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	

PROJECT CARGO APPLICATION

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.

PROJECT CARGO APPLICATION

CARGO DETAILS	
43. Insured Role in Project (Project Owner, EPC, OEM, Freight Forwarder, etc.)	
44. Describe the cargo (type of equipment, machinery, or goods).	
45. Project Name (if applicable)	
46. Provide a full list of items, including dimensions, weight, sensitivity, and itemized values along with total shipment value. Flag critical items.	
47. Is any item critical to your project timeline?	☐ Yes ☐ No If yes, explain:
48. How is cargo packaged? Provide detailed Cargo Handling Specifications.	
49. Does all packaging meet ISPM15, ASTM D4169 or equivalent standards?	☐ Yes ☐ No If no, explain:
50. Special Handling Requirements (Shock, Tilt, Humidity, Require Inside Storage)? If so, specify measures taken to monitor cargo in transit and ensure proper storage.	☐ Yes ☐ No If yes, provide details:
TRANSIT DETAILS	
51. Point(s) of Contact for Transport	
52. Transport Methods (Truck / Rail / Barge / Vessel / Air)	
53. Details for Barge & Vessel Transport, if available Vessel: Name, IMO, Flag, Class, Age, PSC History Barge: Name, Barge Dimensions, Class	
54. Describe Full Transit Route incl. All Modes of Transportation (origin to destination, including ports/terminals, transshipments, & storage durations)	
55. Will Method Statements be provided for transport at all touch points incl. Stowage, Lifting, Lashing, Securing, Ballast, Towage Plans, etc.	☐ Yes ☐ No If available, please provide:
56. Will Weather Routing be required for Barge and/or Vessel Transport?	☐ Yes ☐ No
57. Will any cargo be carried on deck? – if yes, provide details.	☐ Yes ☐ No
HANDLING & RISK	
58. Does Cargo present any unusual handling risks? (heavy lifts >50MT, complex handling, such as Multi-Crane Lifts, Jack and Slide, SPMT Transport, etc.)	☐ Yes ☐ No If yes, provide detailed Transportation Drawings indicating Weight, Dimensions, Center of Gravity, Lifting Points, & Lashing points
59. Describe Cargo Securing Method for Transport	
60. Will a Marine Surveyor oversee the operations contemplated in this coverage?	☐ Yes ☐ No If yes, provide Company Details and Point of Contact:

PROJECT CARGO APPLICATION

61. Are Management of Change procedures utilized on the project?	☐ Yes ☐ No If yes, provide details of procedure:
STORAGE & EXPOSURE	
62. Will cargo be stored during transit?	☐ Yes ☐ No If yes, where and how long?
63. Any weather/seasonal risks affecting shipment? Include any potential CAT Risks (wind, flood, quake, ice)	☐ Yes ☐ No If yes, provide further detail:
ADDITIONAL INFO	
64. Are there contractual insurance coverage requirements	☐ Yes ☐ No If so, provide details:
65. List any requested extensions, wordings and/or endorsements (War/SRCC, Storage, deck carriage warranty / Delay in Start Up (DSU), intent, testing terms, etc.)	
66. Additional comments	

Name:	**Title:**
Signature:	**Date:**