





# SUPPLEMENTAL APPLICATION

## DOMESTIC TRANSIT

<b>32</b>	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	_____
<b>33</b>	If "no" please provide details		
<b>34</b>	Please provide annual estimated shipment values		
<b>35</b>	Please indicate the Maximum Value of any one shipment		
<b>36</b>	Please indicate the Average Value of any one shipment		
<b>37</b>	Types of conveyance used	Truckers: _____ % FedEx/UPS: _____ %	Air: _____ % Owned/Leased Vehicle: _____ %
			Rail: _____ %

## INSURANCE HISTORY

<b>38</b>	Please provide current insurance carrier and rate		
<b>39</b>	Has the Insured sustained any Domestic Transit losses (insured or not) in the last 3 years? If "yes", please provide full details of all claims including attaching loss runs and any other relevant documentation	Yes / No	_____

## WAREHOUSE STORAGE

<b>40</b>	Do you require coverage for the insured goods while in storage? If "yes", please provide full details of all claims including attaching loss runs and any other relevant documentation	Yes / No	_____
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	Location	Address	Construction/COPE	Sprinkler	Alarm
Name:				Wet / Dry _____	_____
Limit:					
Average:					
Name:				Wet / Dry _____	_____
Limit:					
Average:					
Name:				Wet / Dry _____	_____
Limit:					
Average:					

<b>41</b>	Requested Deductible		
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**LIG Marine Managers**

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INSURANCE HISTORY

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Have there been any previous losses within the last 3 years at any one of the above locations?

Yes / No \_\_\_\_\_

**42** If "yes", please explain in greater detail

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**COMMENTS**

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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.

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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.

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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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**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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