MARINE OPEN CARGO INSURANCE APPLICATION

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

SECTION 1 - INFORMATION ON THE APPLICANT

1. Applicant's name:

_____

2. Applicant's address:

_____

3. Nature of applicant's business:

_____

4. Number of years in business _____

5. Does applicant have insurance? ☐ Yes ☐ No
If Yes, please provide the following information.
Name of current carrier: _____
Number of years with current carrier: _____
Rates and terms with current carrier: _____
Reason for change:

_____

6. Please provide the loss history over the last three years.

Year	Premiums paid	Losses paid	Losses outstanding	Details

7. Insurance required for: ☐ Imports ☐ Exports ☐ Domestic only

8. List products being shipped (please give specific details no FAK etc.)
Are products: ☐ New ☐ Used ☐ Both

_____
_____
_____
_____
_____

SECTION 2 - NATURE OF PACKING

1. Are individual items packed in: ☐ Cartons ☐ Crates ☐ Drums ☐ Bakes

2. If special wrapping, please describe.

_____

3. Are containers used? ☐ Yes ☐ No
If Yes, are containers: ☐ Full ☐ Consolidated ☐ Reefer

4. Are items professionally packed? ☐ Yes ☐ No
If No, who did the packing? _____

5. Marks or advertising on cartons and/or cases? ☐ Yes ☐ No
If Yes, please describe:
_____

6. Any special agreement with shippers/freight brokers? ☐ Yes ☐ No
If Yes, please describe:
_____

SECTION 3 - CARGO

1. Countries of origin and destination

Point of origin	Destination	Approx. % of total

2. Value of applicant shipments per annum: $ _____
Currency: _____

3. Value by mode of transport:
by sea: $ _____
by air: $ _____
by other: $ _____

4. Limit required:
by sea: $ _____
by air: $ _____
by other: $ _____

5. Maximum value
per package: $ _____
per shipment: $ _____

6. Average value per shipment: $ _____

7. Approximately what percentage of shipments require transhipment: % _____

8. Value cargo: Invoice + Freight + % _____

9. Do you wish to insure duty and taxes? ☐ Yes ☐ No

10. What is the average rate of duty paid on your imported cargo?
_____

11. What deductible do you require?
☐ $500 ☐ $750
☐ $1,000 ☐ Other $_____

12. Transit protection required:
☐ All risk ☐ Named perils

13. Other protection required:
☐ War ☐ Strikes ☐ Other special coverage
Please describe:

_____

SECTION 4 - SUPPLEMENTARY COVER

Pure domestic inland transit (Independent from ocean and air transit)

1. Geographical limit: _____

2. What mode of transport is used?
☐ Trucks ☐ Other _____
Please describe:

_____

2. Are trucks:
☐ Owned ☐ Leased

3. Are common carriers employed? ☐ Yes ☐ No

4. Applicant value per annum: $ _____
Currency: _____

5. Limit required:
by truck: $ _____
by other: $ _____

7. Domestic transit protection desired:
☐ All risk ☐ Named perils

8. What deductible do you require?
☐ $500 ☐ $750
☐ $1,000 ☐ Other $_____

SECTION 5 - ADDITIONAL INFORMATION

1. Additional information

_____
_____
_____
_____

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be made a part of said policy. The undersigned applicant declares that to the best of his/her knowledge, the statements included in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of the application and the time at which a policy is issued, the applicant must notify the company of said changes.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.