

WYVERN INTERNATIONAL INSURANCE BROKERS
325 N. HOUGH STREET, SECOND FLOOR
BARRINGTON, IL 60010
 Phone: 847 852-3160

APPLICATION FOR CARGO INSURANCE

E-mail completed form to sconnor@wyverninsurance.com or Fax to 847 852-3161

Please answer all questions completely. If additional space is needed list information on separate page(s), which will be attached to and become part of this application.

1. Applicant:

2. Address:

3. Phone No:

4. Fax No:

5. E-mail:

6. Website address:

7. List all additional names and locations of related companies for which coverage is sought:

8. Business type (Corporation; LLC; Partnership or LLP; Sole Proprietorship; Other):

9. Year established:

10. If in business less than 2 years, provide the following for company owners, officers or partners:

Name:	Title:	Year's experience:

11. Total annual value of sendings (import and export):

Last 12 months: \$

Anticipated: \$

12. Percentage insured by applicant:

13. List major areas of trade:

Commodity	From	To	Approx. Annual Volume	%Air	%Ocean

14. A) Percentage of ocean shipments containerized:

B) Are goods consolidated with cargo of others in containers:

C) Where is container normally unpacked (discharge port, consignee's warehouse, other):

15. If Applicable, locations and limits required for merchandise temporarily removed from the normal course of transit:

Location, name and full address	Limit	Purpose (e.g. temporary warehousing, consolidation, deconsolidation, repackaging, processing, assembly, etc.)

IF A CARGO POLICY IS CURRENTLY IN EFFECT, IT IS NOT NECESSARY TO ANSWER THE BELOW QUESTIONS, PROVIDED YOU SUPPLY US WITH:

- A) A complete copy of the current policy and rate schedule
- B) A statement of the premiums and losses (including principle cause) paid for each of the last 3 years.
- C) A statement describing any changes or additions you would like to have made.

16. Type of goods or merchandise to be insured and description of packing (e.g. cardboard boxes, pallets, shrink-wrap, wooden cases, etc.)

17. Average value per sending: \$

18. Maximum value per sending:

- A) Ocean vessel: \$
- B) Ocean vessel on deck: \$
- C) Barge: \$
- D) Aircraft: \$
- E) Mail or parcel delivery (FedEx, etc.): \$

19. The usual valuation clause in the open cargo policy is as follows:

“Valued at amount of invoice, including all charges in the invoice, and including prepaid &/or advanced &/or guaranteed freight, if any, plus 10%”.

If the above does not meet your requirements, please advise the formula requested:

20. Has your cargo policy been cancelled by an insurer in the past 5 years:

NO

YES

If “yes” please explain reason”

21. For the past 3 years, please complete the following premium and loss information:

Year	Cargo Premium	Losses Paid and Outstanding	Main Cause of Loss

22: Additional comments, if any:

23. For domestic sendings only, if any, total value of sendings by land or air within/between USA &/or Canada:

Last 12 months: \$

Anticipated: \$

Percentage insured by applicant:

24. For foreign domestic sendings only, if any, total value of sendings by land only within/between foreign countries:

Last 12 months: \$

Anticipated: \$

Percentage insured by applicant:

25. Average value per inland transit sending: \$

26. Maximum value per inland transit sending:

- A) Truck (common or contract carrier): \$
- B) Truck (owned vehicles): \$
- C) Rail: \$
- D) Air: \$
- E) Mail or parcel delivery (FedEx, etc.): \$

APPLICANT:

TITLE:

DATE: