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Application for Cargo Insurance

Applicant:		
Address:		
Phone:	Fax:	Email:
Website Address:		
List all additional names and locations of related companies for which coverage is sought:		
Business Type (Corporation; LLC; Partnership or LLP; Sole Proprietorship; Other):		
Year Established:		
If in business less than 2 years, provide the following for company owners, officers or partners:		
Name:	Title:	Years Of Experience:

International Transit					
Total Annual Value of Sendings (Import and Export):	Last 12 Months: \$		Anticipated:\$		
Percentage Insured By Applicant:	%				
List Major Areas Of Trade:					
Commodity	From	To	Approx. Annual Volume \$	% Air	% Ocean
Percentage of ocean shipments containerized: %					
Are goods consolidated with cargo of others in containers:					
Where is container normally unpacked (discharge port, consignee's warehouse, other):					
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

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

Average value per sending: \$

Maximum value per sending: A) Ocean vessel: \$
 B) Ocean vessel on deck: \$
 C) Barge: \$
 D) Aircraft: \$
 E) Mail or parcel delivery(FedEx, etc):\$

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:

Has your cargo policy been cancelled by an insurer in the past 5 years: (If "yes" please explain reason)
 No Yes

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

Year	Cargo Premium \$	Losses Paid and Outstanding	Main Cause of Loss

Additional comments,if any:

Domestic Transit

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: %
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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: %
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Average value per inland transit sending: \$

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**