

AVALON RISK MANAGEMENT CARGO INSURANCE APPLICATION

Return Completed Application to:

150 Northwest Point Boulevard | 4th Floor | Elk Grove Village, IL 60007
Phone: (847) 700-8100 | Fax: (847) 700-8116 | marketing@avalonrisk.com

GENERAL INFORMATION

Company Name: _____

Individual/Sole Proprietorship Partnership Corporation, State of _____

Federal Employer ID Number (FEIN): _____ Years in Business _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: and Title: _____

Principal commodities shipped: _____

Describe packing of commodities (include who does packing): _____

Has an Insurance Company ever canceled your Cargo Insurance in the past 5 years? Yes No

SHIPMENT VALUES

	Annual Insured Value (past 12 months)	Est. Insured Value Upcoming Year	Average value per shipment	Maximum value per shipment
Import				
Export				
Domestic				

TRADE LANES

Please list any trade lanes that represent a significant portion of your business.

From	To	% By Air	% By Vessel

LIMITS OF LIABILITY

Steamer (Under-Deck): _____ Aircraft: _____
(Any one vessel) *(Any one aircraft)*

Steamer (On-Deck): _____ Mail/Parcel Post: _____
(Any one vessel)

Barge: _____ Other: _____

PREMIUM & LOSS HISTORY (PAST FIVE YEARS)

Year	Marine Premium	Paid Losses & Outstanding	Loss Ratio

* Detailed premium and loss history must be supplied to Insurance Company within 45 days of the attachment date.

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BUSINESS INFORMATION TO DETERMINE SPECIAL INSURANCE NEEDS

Do you issue Ocean Bills of Lading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you issue House Air Waybills? If yes, % International: _____ % Domestic: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you issue a surface bill of lading and/or receipt for surface transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you involved in packing or stuffing containers at any office location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you handle shippers who have responsibility for insuring cargo to the port only (i.e. Free On Board / Free Along Side terms of sale?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you work with shippers who have a need for Contingency Coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need to insure duty on any U.S. import shipments? Insuring the duty will allow your importers to pay a premium on the amount of duty paid so it is "reimbursed" if they should have a claim for physical damage after paying out the duty amount to Customs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own or lease any warehouses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you operate your own trucks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you currently have protection for your customer's goods in your warehouses /trucks under another policy (i.e. Property of Others coverage under your Package policy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL COMMENTS

REQUESTED ADDITIONAL COVERAGE OPTIONS AND/OR VALUATIONS:

- | | | |
|---|--|--|
| <input type="checkbox"/> Consolidation/Deconsolidation | <input type="checkbox"/> Contingency | <input type="checkbox"/> Concealed Damage/Shortage |
| <input type="checkbox"/> Domestic Coverage | <input type="checkbox"/> FOB/FAS Shipments | <input type="checkbox"/> Warehouse "All-Risk" Coverage |
| <input type="checkbox"/> NVOCC Legal Liability | <input type="checkbox"/> Air Legal Liability | <input type="checkbox"/> Bailee Legal Liability |
| <input type="checkbox"/> Additional Named Insured: _____ | | |
| <input type="checkbox"/> Additional Insured Location: _____ | | |
| <input type="checkbox"/> Special Quotes: _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Valuation:

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> FOB/FAS | <input type="checkbox"/> CIF + 10% | <input type="checkbox"/> CIF + Duty + 10% |
| <input type="checkbox"/> Selling price | <input type="checkbox"/> Appraisal | <input type="checkbox"/> Valued Itemized Inventory |
| <input type="checkbox"/> Other: _____ | | |

Please attach copies of the following information to this application:

- Copies of any tariffs, receipts, bills of lading, etc. for all operations where you have legal liability.
- Copies of your current cargo policy for purposes of a coverage comparison.

AVALON PRIVACY POLICY

We may disclose the following kinds of nonpublic personal information about your firm: Information we receive from your firm on applications or other forms, such as your name, address, tax ID number, income; Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history; and Information we receive from a consumer reporting agency, such as your creditworthiness and credit history. We do not currently, nor do we have any future plans to, disclose your nonpublic information to any parties other than those required to secure your insurance quotations. If your firm prefers that we not disclose nonpublic information about your firm to nonaffiliated third parties, your firm may direct us not to make those disclosures. If your firm wishes to opt out of disclosures to nonaffiliated third parties, please call our Marketing Department at 847-700-8151.

<i>Signature</i>	<i>Title</i>
<i>Printed Name</i>	<i>Date</i>

(This application must be signed and dated by an officer, managing director, partner, or owner of the company applying for coverage.)