

AVALON RISK MANAGEMENT

Special Contract Application

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

Company Name/Location: _____

Client Type: New Pre-Existing Client, How Long? _____

Estimated Revenue Next 12 months (excluding duty): _____

Contract Period: _____

Commodity: _____

Average Shipment Weight: _____

Average Shipment Value: _____

Estimated Number of Shipments Next 12 mos.: _____

Check All Services Being Provided:

- CHB Ocean F/F NVOCC (House B/L) Air F/F Indirect Air Carrier (HAWB)
 Trucking Warehousing Is truck or warehousing subcontracted? Yes No
 Other (List): _____

Check All That Apply or Describe Average Shipments:

- LCL Reefer Open Top Flat Rack Break Bulk Ro Ro
 Tarped Palletized Shrink Wrapped Drums (Steel/Fiber) Bags (Plastic/Paper)
 Banded (Plastic/Metal) Packed by Owned Packed Professionally
 Duty Drawback Quota Shipments Other: _____

Origin: _____

By: Truck Rail Air Ocean To Departure Port of: _____

Destination: _____

By: Truck Rail Air Ocean To Final Destination of: _____

Cargo Insurance Currently Being Provided: All Risk With Average FPA Other: _____

Details of Prior Losses: _____

Special Contract Conditions: _____

(Attach only verbiage pertaining to special insurance requirements and/or conditions.)

This application does not obligate the Insurance Company to insure any special contract. The applicant warrants that such statements and responses are true and contain no misrepresentation. Any quotation provided by Avalon will be subject to the special contract conditions you specify above as noted beyond your standard limitations of liability.

Signature of Authorized Partner/Officer/Owner _____

Title _____

Date _____