

Stock Throughput Application

This form may be completed by you or your insurance broker. Please provide information for all of the spaces below. Save a copy for your own records, and have your insurance broker submit the completed application to an Aldis underwriter via e-mail.

APPLICATION INFORMATION

Insurance broker:

Applicant's name:

Address:

City: Province:

Postal code: Number of years in business: *All monetary values are in:

Type of business: Manufacturer Contractor Wholesaler Retailer Other

If 'Other' please describe:

SALES

What was your annual sales turnover for each of the last three years:

Last year: \$ Two years ago: \$ Three years ago: \$

What is your estimated sales turnover for next year: \$

CARGO

List the products being shipped:

Are products: New Used Both

Are products being shipped: Full container load Open top Break bulk Bales Reefer
 Less than container load Flat rack Drums Bulk Other:

Are products professionally packed: Yes No If 'No', who does the packing:

Marks or advertising on cartons: Yes No If 'Yes', please describe:

TRANSPORTATION

Goods shipped per	Per cent moved by conveyance	Estimated annual volume	Average value per shipment	Maximum values per shipment	Limits required
Vessel	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Aircraft	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Rail	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Truck	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Owned vehicles	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Countries of origin:

Countries of final destination:

Do you have shipments where the origin or destination is NOT in North America: Yes No

If 'Yes', please describe:

TERMS OF SALE

Please select the appropriate Incoterms of sale that apply for your shipments:

Import shipments:

Export shipments:

Are values declared on a bill of lading: Yes No

COVERAGE REQUIREMENTS

Cargo: All risk Named perils

How do you value your cargo: Invoice + Freight + 10% Other (describe)

STOCK EXPOSURES

Is your location owned by you or does it belong to a third party: Owned Third Party

Address:

City: Province:

Postal code: Use of location:

Construction:

Fire protection:

Has this location been surveyed within the last 24 months: Yes No

If 'Yes' did the surveyor make any recommendations: Yes No

If 'Yes' were those recommendations complied with: Yes No

If you have stock at more than one location, please attach a separate sheet.

What is the maximum aggregate stock value that you could have exposed across all of these locations: \$

What is the average aggregate stock value that you could have exposed across all of these locations: \$

Are any of these locations located in recognized flood, earthquake or windstorm zones: Yes No

If 'Yes', please describe:

Do all of these locations have central station fire and theft alarms: Yes No

If 'No', please explain what fire and theft protections are in force and effect:

If you have stock at third party manufacturers, have you ever asked if they carry stock insurance: Yes No

If 'Yes' are you named as an additional insured on their policy? Yes No

GOODS BEING SHIPPED TO/FROM FOREIGN WORKERS

Do you have any of your goods manufactured on your behalf by foreign subcontractors: Yes No

If 'Yes' please provide annual values in transit to/from foreign workers by country, detailing the origin of the goods, the location of the outworker, the destination of the goods, and the method of transit.

Origin	Location	Destination	Annual values shipped	Method of transit
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

TRADE SHOWS AND EXHIBITION

Do you attend any trade shows or exhibitions: Yes No If 'Yes' how many in the next 12 months:
If 'Yes' what are the average values exposed: \$ What are the maximum values exposed: \$
What are the locations of these trade shows:

SALESMAN'S SAMPLES

Do you employ any sales representatives that travel with samples: Yes No
If 'Yes' how many sales representatives do you employ:
How many days per year does each representative travel with samples:
What are the average and maximum values carried by each representative: Average: \$ Maximum: \$

UNDERWRITING INFORMATION

Name of previous insurer(s):
Have you ever had a previous policy cancelled: Yes No
If 'Yes' please explain:

Premium and loss history for the last five years:

Year	Premium paid	Losses paid	Losses outstanding	Details
2006	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2007	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2008	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2009	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2010	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Additional information:

Aldis privacy statement:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including, but not limited to, the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company to assess, underwrite, and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results, and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct.

Date: Applicant's signature:
Broker's signature: