



OCEAN MARINE-CANADA
APPLICATION FOR OPEN CARGO INSURANCE

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of St. Paul Fire and Marine Insurance Company's insurance business in Canada. Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Name of Applicant
2. Applicant Web Site
3. Applicant Address (No., Street, City, Province, Postal Code, Country)
4. Telephone No.
5. Description of operation
6. Principal commodities shipped
7. How are goods packed for import/export
8. Who performs packing/unpacking
9. Primary points of origin and primary points of destination:
Country %
10. Estimated %-age of shipments are in door-to-door containers?
11. Proposed attachment date
12. Valuation
13. Desired coverage (check all applicable items)
All Risks All Risks w/Deductible \$ F.P.A. (only) War Risks Import Duty
Contingency F.O.B./F.A.S Other

INTERNATIONAL TRANSIT

Please list annual volume and per shipment limits breakdown below.

14. Average \$ value per package
15. Average \$ value per shipment
16. Average \$ value per conveyance
17. Maximum \$ value per vessel
18. Maximum \$ value per aircraft
19. Maximum \$ value per barge
20. Maximum \$ value per tow
21. Maximum value per mail
22. Annual \$ volume shipped
23. Percentages of exports/imports
% Ocean Exports % Ocean Imports % Air Exports % Air Imports
24. No. of Shipments
25. Usual terms of sale

INLAND TRANSIT (Commodities shipped within borders of a country under separate bill of lading)

26. Limit Requested
27. Annual \$ volume shipped
28. Point of Origin
29. Point of Destination
30. Please check desired coverage
All Risks Other
31. Principal countries where domestic shipments occur
32. Deductible Options
33. Average \$ value per shipping package or container per conveyance
34. Maximum \$ value per shipping package or container per conveyance
35. Percentage shipments by transportation
% Rail % Truck % Air
36. No. of Shipments
37. Usual terms of sale

LOSS HISTORY

38. Five year history

Please include any additional information such as detailed loss experience, i.e. Annual Reports, brochures, etc. that may assist underwriters in their review of this account. Include warehouse losses if warehouse coverage is requested.

Year	Premium	Paid & O/S Losses	L/R%	Volume \$(000)	Coverage Terms	Insurance Company
\$	\$	\$		\$		
\$	\$	\$		\$		
\$	\$	\$		\$		
\$	\$	\$		\$		
\$	\$	\$		\$		
TOTALS	\$	\$		\$		

39. Agent/Broker

40. Contact

41. Producer Code

42. Comments

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

Applicant's Signature

Date

X

Agent's Signature

Date

X

Complete a separate worksheet for each warehouse to be covered. Request for warehouse/processor location coverage. All information must be completed on this form before this coverage can be quoted and/or bound.

1. Name of Applicant		
2. Name of Location		
3. Address (No., Street, City, Province, Postal Code, Country)		
4. Contact Person		5. Telephone Number
6. Limit of coverage required (stock only)	7. Maximum inventory stock	8. Average inventory/stock
9. Operation/types (check one) <input type="checkbox"/> Public warehouse (storage only) <input type="checkbox"/> Assured's Warehouse (storage only) <input type="checkbox"/> Processing Location		
10. Please check desired coverage <input type="checkbox"/> All Risks <input type="checkbox"/> Named Perils		11. Name Perils
12. Deductible Options \$ _____ \$ _____ \$ _____ \$ _____		
13. Earthquake deductible	14. Flood deductible	15. Wind deductible if Hurricane exposed
16. Physical Characteristic (please check one only) <input type="checkbox"/> Frame - Exterior walls are wood or other combustible materials. <input type="checkbox"/> Joisted Masonry - Exterior walls are constructed of masonry materials and floors and roofs are combustible. <input type="checkbox"/> Non-Combustible - Exterior walls and floors and roof are constructed of, and supported by metal or other non-combustible materials. <input type="checkbox"/> Masonry Non-Combustible - Exterior walls are constructed of masonry materials with floors and roof of metal or other non-combustible materials. <input type="checkbox"/> Modified Fire Resistive or Fire Resistive - Exterior walls and floors and roof are constructed of masonry or fire resistive materials.		
17. Age of Building/Year Built? _____		

SECURITY AND FIRE PROTECTION

18. Type of premises alarm systems (check all that apply)			
<input type="checkbox"/> Burglar System	<input type="checkbox"/> Fire System	<input type="checkbox"/> 24-Hour Watchman	<input type="checkbox"/> UL Certified
<input type="checkbox"/> No Burglar System	<input type="checkbox"/> No Fire System	<input type="checkbox"/> Central Station	<input type="checkbox"/> Grounds Fenced
19. Type of premises fire protection (check all that apply)			
<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Wet	<input type="checkbox"/> Public Fire Depart.	<input type="checkbox"/> Portable Fire Extinguishers
<input type="checkbox"/> No Sprinkler System	<input type="checkbox"/> Dry	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Any Combustibles