

Cargo Fact Sheet



Company Name: _____ Years in Business: _____
 Address: _____ Phone: _____
 City, State & ZIP: _____ Fax: _____
 Contact Person: _____ e-mail: _____
 Title/Position: _____

Description of cargo/goods to be insured:	Description of packaging for each product:
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Type of coverage requested:

Monthly Reporting

Annual Premium

You will report individual shipments using our online e-insurance solution. Here you will have the ability to create and print Certificates, pull shipment reports and file claims. Monthly billing based on what you reported for that month.

Lump sum premium based on your expected annual turnover. A minimum earned annual premium applies and is payable upon inception of the Policy or in quarterly installments. At the end of the Policy Year the final premium is calculated, with the balance and any additional premium due at that time.

<u>Values to be Insured:</u>	<u>Import</u>	<u>Export</u>	<u>Domestic</u>
Estimated Total Annual Insured Value	\$ _____	\$ _____	\$ _____
Maximum Value Any One Shipment	\$ _____	\$ _____	\$ _____
Average Value Any One Shipment	\$ _____	\$ _____	\$ _____

Method Of Conveyance:

Imports: _____% Air _____% Ocean (If ocean: _____%FCL _____%LCL)
 Exports: _____% Air _____% Ocean (If ocean: _____%FCL _____%LCL)
 Domestic: _____% Air _____% Truck Courier Shipments (Fed Ex / UPS / Other): _____%

Origin(s) (if multiple countries, include percentages):

Destination(s) (if multiple countries, include percentages):

Loss Experience (Last three years)

<u>Date of Loss</u>	<u>Cause of Loss</u>	<u>Amount of Claim</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Comments/Information/Requests:"

Date: _____ Completed by: _____