

AMIS/Alliance Marketing & Insurance Services

AIG GLOBAL MARINE
777 South Figueroa Street, 16th. Floor
Los Angeles, CA. 90017

TELEPHONE: (213) 689-3558
FAX: (213) 689-1861

APPLICATION
FOR
OCEAN CARGO INSURANCE

DATE _____
 OPEN POLICY TRIP RISK
 ONE YEAR TERM POLICY

NAME OF ASSURED (include names of all subsidiary firms or corporations to be insured)

ADDRESS OF ASSURED _____ TELEPHONE _____

NAME OF AGENT OR BROKER _____

ADDRESS OF AGENT OR BROKER _____ TELEPHONE _____

GEOGRAPHICAL LIMITS
 U.S. TO WORLD WORLD TO U.S. WORLD TO WORLD RIVER SHIPMENTS
 GREAT LAKES OTHER

VALUATION
 AMOUNT OF INVOICE, INCLUDING CHARGES, PLUS OCEAN FREIGHT, PLUS _____ %
 OTHER:

PRINCIPAL MERCHANDISE TO BE INSURED (enclose pictures or illustrated catalogs, if available)

PACKING - DESCRIBE IN DETAIL (enclose pictures and diagrams of packing, if available)

INSURING CONDITIONS
 ALL RISKS DEDUCTIBLE \$ _____ % FRANCHISE \$ _____ % PARTICULAR AVERAGE
 WITH AVERAGE 3% WITH AVERAGE I.O.P. OTHER

SPECIAL CONDITIONS
 WAR RISK CONTINGENT INTEREST DIFFERENCE IN CONDITIONS SR&CC FOB/FAS
 INCREASED VALUE DOMESTIC INLAND TRANSIT FOREIGN INLAND TRANSIT (attach list of countries)
 DUTY COVERAGE WAREHOUSE COVERAGE - Attach list of locations & limits required at each location
 OTHER:

LIMITS OF INSURANCE
\$ _____ BY ONE VESSEL REGISTERED OR GOVT
\$ _____ BY ANY ONE VESSEL ON DECK INSURED PARCEL POST
\$ _____ BY ANY ONE AIRCRAFT
\$ _____ BY ANY ONE TRUCK/R.R. TRAIN UNREGISTERED OR
\$ _____ BY ANY ONE BARGE ORDINARY PARCEL POST

DESCRIBE NATURE OF ASSURED'S BUSINESS (Manufacturer, Exporter, Broker, etc.)

INSURED VOLUME during the last 12 months
ESTIMATED VOLUME to be insured during the next 12 months
ESTIMATED AVERAGE VALUE PER SHIPMENT

EXPORTS	IMPORTS	INLAND TRANSIT, if any
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

INDICATE IF VOLUME IS EXPRESSED AS SALES OR ACTUAL VALUES SHIPPED

PRINCIPAL COUNTRIES TO WHICH GOODS ARE EXPORTED (Indicate % involved)

PRINCIPAL COUNTRIES FROM WHICH GOODS ARE IMPORTED (indicate % involved)

NAME OF PRESENT INSURER	NAME OF PRESENT BROKER

PREMIUM AND LOSS EXPERIENCE FOR PAST 3 YRS (attach loss analysis if available)

PREMIUM (including War)
LOSSES PAID AND OUTSTANDING

19	19	19
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

PRINCIPAL KIND OF LOSS

PRINCIPAL COUNTRIES INVOLVED IN LOSSES

REMARKS (attach extra sheets if necessary)

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

SIGNATURE OF APPLICANT

DATE

COMPANY USE ONLY

- QUOTED
- DECLINED

Reason:

- BINDING

Effective Date:

SIGNATURE OF UNDERWRITER