

CARGO APPLICATION

INSTRUCTIONS

PLEASE, TAKE YOUR TIME AND BE THOROUGH WHEN YOU COMPLETE A CARGO APPLICATION. ACCURACY AND DETAIL ARE IMPORTANT. A SUBSTANTIVE OMISSION COULD CAUSE THE RESCISSION OF A POLICY, THE CONSEQUENCE BEING THE COMPANY'S REFUSAL TO PAY A CLAIM.

THE LAW OF MARINE INSURANCE REQUIRES THAT THE PARTIES TO A MARINE INSURANCE CONTRACT EXERCISE "UTMOST GOOD FAITH" ("UBERRIMAE FIDEI"). PARTICIPANTS IN THE CONTRACT MUST DISCLOSE EVERY MATERIAL CIRCUMSTANCE. UNLIKE COMMON INSURANCE LAW, WHERE THERE IS NO DUTY TO VOLUNTEER INFORMATION, THE OMISSION OF PERTINENT INFORMATION, EVEN BY MISTAKE OR LACK OF DUE DILIGENCE, IS OFTEN REGARDED BY AN INSURANCE COMPANY AS DECEIT. IN OTHER WORDS, A MISTAKE CAN BE VERY COSTLY; IT CAN VOID YOUR CARGO POLICY.

WE ARE ALL HUMAN AND WE CAN MAKE MISTAKES. IN OUR APPLICATION, WE HAVE ATTEMPTED TO ASK ALL THE IMPORTANT QUESTIONS, BUT WE DO NOT KNOW YOUR BUSINESS. IN VIEW OF THIS, WE ASK THAT YOU RE-CHECK YOUR APPLICATION AND, IF OUR APPLICATION DID NOT ASK THE RIGHT QUESTIONS, PLEASE ADD A WRITTEN EXPLANATION.

Open Ocean / Air Cargo Application

Northeastern Underwriters, Ltd.
P.O. Box 1310
Madison, CT 06443
Tel:(203)245-7169 -- Fax: (203)245-0018
HTTP://WWW.MARINE-INS.COM

Name of Applicant _____

Address _____

Telephone: _____ Fax: _____ E-Mail: _____ Number of years in business _____

Goods (Describe, listing in order of importance as to total annual value shipped; state whether exports or imports by "ex" or "im".) and **Terms of sale. INCOTERMS** are acceptable.

Goods Shipped "ex" or "im" & Terms of Sale	Annual Total Shipped	Insured Shipments by Applicant
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Average Value per Shipment: \$ _____ Total Estimated Number of Shipments _____

Packing: Underline applicable packing, describe otherwise, e.g. wooden cases, meaning full enclosure by wood; wooden crates meaning skeleton type case not providing full enclosure; cartons and whether fiberboard or corrugated; is steel strapping provided; bags or bales, type used such as burlap, paper and number of ply; steel drums; wood kegs, shrink wrap, fiberboard drums; palletized; lift van type cargo container, if so, type of shipping package in interior of container,

Briefly describe business operations: _____

Conveyances used (check which) and limits required:

Vessel _____ Aircraft \$ _____ o Mail (Per Pkg,) \$ _____ Barge \$ _____
\$

Assume goods customarily stowed under deck unless otherwise indicated below

List Countries to (or from) which insured shipments by applicant are made, showing approximate % of total volume for

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Principal U.S. Ports used? _____

% of insured shipments made by container ships _____ %

Are container used "door to door"? (state otherwise) _____

Are carriers instructed to stow containers underdeck? _____

List principal container carriers. _____

Valuation required: Invoice and charges, plus freight; plus _____ %

Valuation other than above: _____

Average insured value: per shipping package \$ _____, per shipment \$ _____

If via aircraft, state % of invoice value declared to air carriers for carriage _____ %

Type of coverage required: All Risks; 3% Average; F. P. A. Theft and/or Non Del.; Other (Describe) _____

Deductible: _____

Special Conditions required: War Risks; S. R. C. C. Duty; F.O.B./F.A.S Contingency Insurance;

Increased Value; Difference in conditions; Warehouse (Give Locations and limits needed at each) _____

Current Coverages / Losses

How has marine insurance been effected before? (Name Ins. Carrier, Broker, Agent, and Freight forwarder, giving conditions and rates where known) _____

Has present insurance carrier: requested replacement? _____, given notice of cancellation? _____

Marine Premium and loss record for each calendar year for last 5 years showing principal cause of loss and number of losses:

<u>Year</u>	<u>Premium</u>	<u>Losses (Incl. Outstanding)</u>	<u>(Cause)</u>	<u>Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Most losses occurred to (or from) _____

Of above, approximately how much is annual warehouse premium? _____

Warehouse Locations / Descriptions (Continued): _____

Anticipated attachment date: _____

Please use additional sheets if necessary.

The information hereby submitted above is true and complete to my best knowledge and belief. I understand that a substantive act of omission or misstatement of fact could cause the rescission of a policy based upon this application, the consequence being the company's refusal to pay a claim.

Date: _____ Signature / Title _____