



**OPEN CARGO INSURANCE APPLICATION**

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Effective Date From: \_\_\_\_\_ To: \_\_\_\_\_ (12:01 AM)

**GENERAL INFORMATION**

Description of Business & Commodities Shipped: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Years Engaged in this Trade: \_\_\_\_\_

**Specific Types of Commodities to be Insured** (Please be specific)

	Commodity	Origin	Destination	Annual Value	% Air	% Vessel
A						
B						
C						
D						
E						

Total Values Exported: \_\_\_\_\_ Total Values Imported: \_\_\_\_\_ Annual Gross Sales: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Describe the Type/Methods of Packing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information for the Arranging of Inspections, Packing and Pre-shipment Surveys: \_\_\_\_\_  
\_\_\_\_\_

Are Goods Containerized: Yes No Partial

Are Containers Opened Prior to Reaching Final Destination? Yes No

If Yes, by Whom? \_\_\_\_\_

Do You Provide Packers or Carriers With a Waiver of Subrogation? Yes No

If Yes, by Whom? \_\_\_\_\_

Valuation: CIF + 10% Selling Price (on goods sold) Other (please explain) \_\_\_\_\_

Average Values: Per Package: \_\_\_\_\_ Per Container: \_\_\_\_\_ Per Shipment: \_\_\_\_\_

Maximum Values: Per Package: \_\_\_\_\_ Per Container: \_\_\_\_\_ Per Shipment: \_\_\_\_\_

**Named Locations for Storage of Goods.**

Please Specify the Purpose at Each Location (e.g., Warehouse, Repacking, Processing or Assembly)

Name and Address	Purpose	Maximum Value Exposed

**Optional Coverage Requested:**

War, Strikes, Riots, Civil Commotions      Terrorism      Duty on Imports      Contingency

Domestic Transit. If so, Total Volume: \_\_\_\_\_

Exhibition. If so, Number Per Year: \_\_\_\_\_ Limit: \_\_\_\_\_

**PREMIUM AND LOSS HISTORY**

Year	Premium Paid	Losses Paid	Outstanding	Number of Claims

**HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.**

**SPECIAL INFORMATION**

Present Insuring Company: \_\_\_\_\_ Provide copies of current policies if available.

Has any company ever cancelled insurance for this owner?      Yes      No

If yes, with what company and on what terms? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons who knowingly and with intent to defraud any insurance company or other person files an application for 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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



**MASSACHUSETTS**  
 50 Salem Street  
 Building B • 3rd Floor  
 Lynnfield, MA 01940  
 781-295-0270

**VIRGINIA**  
 7130 Glen Forest Drive  
 Suite 405  
 Richmond, VA 23226  
 804-644-5600

[www.isr-insurance.com](http://www.isr-insurance.com)