**Open Cargo Insurance Application**

|  |
| --- |
| **Name of Assured:**  |
| (Include names of all subsidiary firms |
| or corporations to be insured) |
| Address of Assured:       | Telephone:       |
| Number of Years in Business:       | Contact:       |
| **Name of Agent or Broker:** Health Insurance & Financial Services Inc. |
| Address of Agent or Broker: 13841 Hull Street Rd., Ste. 3A, Midlothian, VA 23112 | Telephone: (804) 739-9121 |
| **Attachment Date:**  | **Renewal/Expiration Date:**  |
| **Limits of Insurance** |
| $       | By any one Vessel | $       | By any one R.R. train |
| $       | By any one Vessel on Deck | $       | By any one Barge |
| $       | By any one Aircraft | $       | Registered or Gov't Insured Parcel Post |
| $       | By any one Truck | $       | Unregistered or Ordinary Parcel Post |
| **Principal Goods to be Insured** (attach pictures or illustrated catalogs if available) |
|         |
| **Packing** - Describe in Detail (attach pictures or illustrated catalogs if available) |
|         |
| **Geographical Limits** |
| [ ]  U.S. to World  | [ ]  World to U.S. | [ ]  World to World | [ ]  River Shipments |
| [ ]  Great Lakes  | [ ]  Other:       |  |  |
| **Valuation** |
| [ ]  CIF +       % |
| [ ]  Other:       |
| **Insuring Conditions** |
| [ ]  All Risks | [ ]  Free of Particular Average | [ ]  Other:       |
| **Special Conditions** |
| [ ]  SR&CC | [ ]  Contingent Interest | [ ]  Domestic Inland Transit |
| [ ]  War Risk | [ ]  Increased Value | [ ]  Foreign Inland Transit |
| [ ]  FOB/FAS | [ ]  Duty Coverage | [ ]  Warehouse Coverage |
| [ ]  Other:       |  |  |
| **Requested Deductible** | [ ]  $500 | [ ]  $1000 | [ ]  $2500 | [ ]  $5000 | [ ]  Other:       |
| **Describe Nature of Assured's Business/Industry** |
|       |
| **Revenues Details & Values Shipped** |
|   | Revenues | Exports | Imports | Inland Transit |   |
| Next 12 months estimated: | $       | $       | $       | $       |   |
| Currently ending 12 months: | $       | $       | $       | $       |   |
| Previous 12 months: | $       | $       | $       | $       |   |
| Previous 12 months: | $       | $       | $       | $       |   |
| Estimated Average Value per Shipment: | $       | $       | $       | $       |   |
|   |
| **Principal Countries Shipped** (Indicate % Involved) |
|  | Countries | Exports | Imports | Inland Transit |  |
|  |       |       |       |       |  |
|  |       |       |       |       |  |
|  |       |       |       |       |  |
|  |       |       |       |       |  |
|  | All Other: |       |       |       |  |
|  |  |  |  |  |  |
| **Name of Present Insurer:**       |
| **Name of Present Broker:**  |
| **Premium and Loss Experience** (Attach loss analysis if available) |
|  | Premium | Paid Losses | Outstanding Losses |  |
| Currently ending 12 months: | $       | $       | $       |  |
| Previous 12 months: | $       | $       | $       |  |
| Previous 12 months: | $       | $       | $       |  |
| Previous 12 months: | $       | $       | $       |  |
| Previous 12 months: | $       | $       | $       |   |
|  |
| **Describe Principal Kind of Loss** (specify major losses)      |
| **Describe Countries Involved in Losses** |
| **Additional Remarks** |
| Any person who knowingly and with intent to defraud any insurance company or other person files an application 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 |