



APPLICATION FOR OPEN CARGO POLICY

Applicant's Name: _____

Address _____

City & State _____ Zip Code _____

Business of Insured: () Manufacturer () Retailer () Wholesaler () Distributor () Other

Description of Goods to be Covered: _____

Type of Packing: () Wooden Cases () Cartons () Bales () Drums () Container () Bulk
() Palletized () Shrink-wrapped () Bags, Type and Ply _____

Container Service _____ % Contemplated.
Please check Method of Container Service: Door to Door _____ Pier to Door _____ Pier to Pier _____

Terms of Coverage: () All Risk () Other Terms (Specify) _____

Desired Deductible Amount: \$ _____ Percentage _____ %
(Current Deductible if different than above) _____

Geographic Scope: () Import () Export () World to World () Other Specify _____

Principal Trading Areas (Name Countries) and Terms of Sales:

| From | Via (Port) | To | Terms of Sale | Estimated Annual Volume (Indicate % Insured) |
|------|------------|----|---------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Basis of Valuation: Invoice Cost plus Freight Plus _____ % Other (Specify) _____

Average Value Per Shipment: _____ Maximum Value Per Shipment: _____

Limits of Liability Required: Any One Vessel _____ Aircraft _____
Foreign Parcel Post/FedEx/UPS (Per Package) _____ Any One Barge/Tow _____

Estimated Annual Volume of Shipments: _____ Annual Gross Sales: _____

Current Insurance Carrier: _____ Has Present Carrier Requested Replacement of
Coverage/ Given Notice of Cancellation? Yes _____ No _____

If No Cargo Policy in Force, How Has Your Insurance Been Handled Up to Now:

- A. Insured Through a Freight Forwarder ()
- B. Insured By Customer or Supplier ()
- C. Other () Please Explain: _____

(OVER)

Marine Premium and Loss Experience for Past Five (5) Years:

| Year | Premium | Paid Losses | Outstanding Losses | Recoveries | Principal Cause of Loss | # of Claims |
|-------|---------|-------------|--------------------|------------|-------------------------|-------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Does the above Premium include any Annual Warehouse Premium? Yes _____ No _____

Additional Coverages To Be Included In Quotation: () War, Strikes, Riots & Civil Commotions () Duty
() Contingent Interest () FOB/FAS () Increased Value/D.I.C. () Domestic Inland Transit
() Domestic /Foreign Warehouse Coverage () Domestic/Foreign Processors () Other

Description of Domestic Inland Transit Operations (If Coverage Requested):

Geographic Limits: _____
Average Value per Shipment: _____ Maximum Value Per Shipment: _____
Limits Required: _____ Estimated Annual Volume: _____
Valuation: _____ Modes of Transit: Rail _____ % Common Carrier _____ %
Owned Truck _____ % Air _____ % Describe Packing: _____
Shipment Security (Seals, Locks, Alarms etc.) _____
Inland Transit Losses: _____

Description of Domestic /Foreign Warehouse/Processing Operations (If Coverage Requested):

| <u>Location (Name & Address)</u> | <u>Average Monthly Value</u> | <u>Maximum Value</u> | <u>Limit</u> |
|--------------------------------------|------------------------------|----------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Unnamed Location Coverage Required ? Yes _____ No _____ Requested Limit _____

Are Any of These Locations Owned and/or Operated by the Applicant? Yes _____ No _____

State Annual Premium and Type of Other Policies Currently Written by CGU for this Applicant: _____

Anticipated Attachment Date : _____
Producer: _____ Date of Application: _____
Address: _____
City & State: _____
Producer Code # _____



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date