

AVALON RISK MANAGEMENT, INC.

Marine Cargo Insurance Application

Return Completed Application to: AVALON RISK MANAGEMENT, INC.
 666 Old Country Road – Suite 603
 Garden City, NY 11530
 Phone 516/393-8000
 Fax 516/393-8001

Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____ Contact: _____

How long in business: _____

Principal commodities shipped: _____

Describe packing of commodities (include who does packing): _____

Has an Insurance Company ever canceled your Ocean Cargo Insurance in the past 5 years?

Yes No

Shipment Values

	Annual Value Shipped Past 12 Mos.	Est. Value Upcoming Year	% insured	Average value per shipment	Maximum value per shipment
Import					
Export					
Domestic					

Trade Lanes

Please list any trade lanes that represent a significant portion of your business.

From To % by air % by vessel

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Limits of Liability:

Steamer (Under-Deck) _____
(Any one vessel)

Aircraft _____
(Any one aircraft)

Steamer (On-Deck) _____
(Any one vessel)

Mail/Parcel Post _____

Barge _____

Other _____

Premium & Loss History (past five years)

Year	Marine Premium	Paid Losses & Outstanding	Loss Ratio

Business Information To Determine Special Insurance Needs

- Do you issue Ocean Bills of Lading or House Air Waybills? Yes No
- Do you handle any domestic moves within the U.S. or to Canada? Yes No
- Are you involved in packing or stuffing containers at any office location? Yes No
- Do you handle shippers who have responsibility for insuring cargo to the port only (i.e. Free On Board / Free Along Side terms of sale?) Yes No
- Do you work with shippers who have a need for Contingency Coverage ? Yes No
- Do you need to insure duty on any U.S. import shipments? Insuring the duty will allow your importers to pay a premium on the amount of duty paid so it is "reimbursed" if they should have a claim for physical damage after paying out the duty amount to Customs. Yes No
- Do you own or lease any warehouses or trucks? Yes No
- If yes, do you currently have protection for your customer's goods in your warehouses under another policy (i.e. Property of Others coverage under your Package policy)? Yes No

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Additional Comments:

Coverages Requested:

- Shipper's Interest
- Domestic Transit
- Warehouse Coverage
- Contingency Coverage
- FOB/FAS
- Deposit Premium
- Profit Sharing
- Consolidation/Deconsolidation
- Other

Valuation:

- CIF + 10%
- Selling Price
- Other - **Duty**

Please attach copies of the following information to this application:

- Copies of any tariffs, receipts, bills of lading, etc. for all operations where you have legal liability.
- Copies of your current cargo policy for purposes of a coverage comparison.

AGENT: AVALON RISK MANAGEMENT, INC.
666 Old Country Road
Suite 603
Garden City, NY 11530

Agent Signature _____

Applicant Signature _____ Date _____