

SINGLE SHIPMENT CARGO INSURANCE APPLICATION FORM

Please note that it is a duty of the Assured to provide full and accurate information to Underwriters and their agents and failure to do so may result in Underwriters' right to reject a claim which relates to circumstances which should have been disclosed or which is subject to misleading or inaccurate information.

1. ASSURED

COMPANY NAME

REGISTRATION N°

DATE OF INCORPORATION

ADDRESS

CONTACT PERSON (NAME, SURNAME)

PHONE

WEB PAGE

E-MAIL

2. YOUR INSURANCE BROKER

COMPANY NAME

REGISTRATION N°

ADDRESS

CONTACT PERSON (NAME, SURNAME)

PHONE

E-MAIL

3. COMMODITY TO BE INSURED

PLEASE PROVIDE A BRIEF DESCRIPTION OF COMMODITY TO BE INURED

IS THE COMMODITY(IES) (PLEASE CHECK ONE)

BRAND NEW

RECONDITIONED

SECOND-HAND

ARE GOODS PACKED BY (PLEASE CHECK ONE)

MANUFACTURER /
PRODUCER

OWNER (OTHER THAN
MANUFACTURER)

OTHER

4. INSURED VALUE / VALUATION

PLEASE INDICATE TOTAL SUM INSURED	EUR	USD
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IS INSURED VALUE REPRESENTED AS		
INVOICE VALUE	110% OF INVOICE VALUE	OTHER

5. VOYAGE

PLEASE ADVISE THE TRANSPORT ROUTE AS FOLLOWS:		
FROM (CITY, COUNTRY)	VIA (CITY, COUNTRY)	TO (CITY, COUNTRY)

6. MODE OF SHIPMENT

ARE GOODS SHIPPED BY (PLEASE CHECK ONE)					
ROAD	RAIL	AIR	SEA (CONTAINERIZED)	SEA, BY MV	OTHER (PLEASE DESCRIBE)

7. REQUIRED INSURANCE COVER

ARE YOU INTERESTED IN (PLEASE CHECK ONE)		
ALL RISKS COVER	NAMED PERILS COVER	SPECIFIC COVER (PLEASE DESCRIBE)

APPLICATION FOR INSURANCE

APPLICATION SUBMITTED BY	APPLICATION DATE
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