

# OPEN COVER 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(IES) TO BE INSURED

PLEASE PROVIDE A BRIEF DESCRIPTION OF COMMODITY(IES) TO BE INSURED

IS THE COMMODITY(IES) (PLEASE CHECK ONE)

BRAND NEW

RECONDITIONED

SECOND-HAND

OTHER

ARE GOODS PACKED BY (PLEASE CHECK ONE)

MANUFACTURER /  
PRODUCER

OWNER (OTHER THAN  
MANUFACTURER)

OTHER

#### 4. MAXIMUM / AVERAGE VALUE PER CONVEYANCE AND VALUATION

PLEASE INDICATE MAXIMUM VALUE PER CONVEYANCE	EUR	USD	PLEASE INDICATE AVERAGE VALUE PER CONVEYANCE	EUR	USD
<b>IS VALUE REPRESENTED AS</b>					
INVOICE VALUE		110% OF INVOICE VALUE		OTHER	

#### 5. TRADING AREA

PLEASE PROVIDE A BRIEF DESCRIPTION OF TRADING AREA

---

**WOULD YOU LIKE TO INSURE ALSO STORAGE (OTHER THAN OCCURRED DURING THE NORMAL COURSE OF TRANSIT), IF YES:**

PLEASE IDENTIFY STORAGE LOCATION(S) (NAME, ADDRESS OF THE WAREHOUSE(S))	PLEASE ADVISE ON STORAGE PERIOD (NO. OF DAYS)

#### 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)

#### 8. LOSS RECORD

Please provide us with formal loss record from your current Insurers or give us detailed list of claims made against your company showing date and nature of claims and the amounts claimed from you. Such record should be for three last years as a minimum.

#### APPLICATION FOR INSURANCE

APPLICATION SUBMITTED BY	APPLICATION DATE
--------------------------	------------------