

**APPLICATION FOR
OCEAN MARINE
OCEAN CARGO**

This is not a Binder



**BENCHMARK
MANAGEMENT
GROUP**

A STANDARD FOR EXCELLENCE

NAME OF APPLICANT			PRODUCER NAME AND ADDRESS			
ADDRESS - NUMBER AND STREET						
CITY	STATE	ZIP				
PRINCIPAL TRADE/BUSINESS						
NUMBER OF YEARS ENGAGED IN THIS TRADE			EFFECTIVE DATE REQUESTED FOR INSURANCE			
LIST SPECIFIC TYPES OF COMMODITIES TO BE INSURED (PLEASE BE SPECIFIC)						
	COMMODITY	ORIGIN	DESTINATION	ANNUAL VALUE	% AIR	% VESSEL
A					%	%
B					%	%
C					%	%
D					%	%
E					%	%
Total Annual Value Of All Insured Shipments: _____						
COMMENTS						
DESCRIBE THE TYPE/METHOD OF PACKING FOR EACH COMMODITY LISTED ABOVE						
NAME, ADDRESS AND TELEPHONE NUMBER FOR THE ARRANGING OF INSPECTIONS, PACKING AND PRE-SHIPMENT SURVEYS						

ARE GOODS CONTAINERIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		
WHO PACKS THE CONTAINER AND WHERE?		
ARE OTHER GOODS CONSOLIDATED WITH INSURED GOODS IN THE SAME CONTAINER?		
LOCATION WHERE CONTAINER IS UNPACKED.		
LIMITS OF LIABILITY		
A. Maximum Value Of A Shipping Package Or Unit _____		
B. Maximum Value Per Shipment		
Steamer (Under Deck)	_____	
Steamer (On Deck)	_____	
Aircraft	_____	
Mail	_____	
Other	_____	
C. Named Locations for storage of goods. Please specify the purpose at each location (e.g., warehousing, repacking, processing or assembly.)		
NAME AND ADDRESS	PURPOSE	MAXIMUM VALUE EXPOSED
INSURING CONDITIONS		
A. Coverage Requested		
<input type="checkbox"/> A/R		
<input type="checkbox"/> FPA		
<input type="checkbox"/> Other: _____		
B. Shipments will be insured at invoice cost plus freight prepaid plus 10%, acceptable?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No, Requested Valuation: _____		
C. Other insurance coverages required:		
<input type="checkbox"/> Strikes, Riots and Civil Commotion	<input type="checkbox"/> Warehouse/Storage	
<input type="checkbox"/> Import Duty	<input type="checkbox"/> Domestic Transit	
<input type="checkbox"/> War Risks		
<input type="checkbox"/> Other:	_____	

SHOULD QUOTATION BE OFFERED WITH DEDUCTIBLE? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ per Bill of Lading			
PLEASE COMPLETE WITH THE LATEST FIVE YEAR INSURANCE EXPERIENCE			
YEAR	MARINE PREMIUM	TOTAL AMOUNT OF ALL LOSSES CLAIMED	INSURING CONDITIONS
COMMENT ON LOSS HISTORY (LARGE LOSS, FREQUENCY OF ONE CAUSE, ETC.)			
HAS YOUR MARINE INSURANCE POLICY EVER BEEN CANCELLED? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, company: If yes, reason:			
GENERAL COMMENTS OR REMARKS (I.E. PRINCIPAL STEAMSHIP LINE OR AIRLINE USED):			
<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (Applicable to New York State only.)</p> <p>Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.</p>			
APPLICANT SIGNATURE		COMPANY TITLE	DATE
PRODUCER SIGNATURE		COMPANY TITLE	DATE