**STARR MARINE APPLICATION FOR OCEAN CARGO INSURANCE**

**DATE** Click here to enter a date.

**1. ACCOUNT INFORMATION**

* **Account Name** (including names of all subsidiary firms to be insured) Click here to enter text.

Address: Click here to enter text.

City / State / Country: Click here to enter text. Postal Code: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

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* **Insurance Agent or Broker Name:** Click here to enter text.

Address: Click here to enter text.

City / State / Country: Click here to enter text. Postal Code: Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

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* **Description of Business:**  Manufacturer  Retailer  Wholesaler

Distributor  Other Click here to enter text.

* Does Applicant:  Import  Export

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* **Principle Merchandise to be Insured**: (enclose pictures, catalog or web address):

Click here to enter text.

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* **Packing:** Describe in detail (enclose pictures and/or diagrams if available)

Click here to enter text.

* Estimated Annual Volume of International Shipments**:** Click here to enter text.

or Annual Gross Sales: $ Click here to enter text.

* Estimated Annual Volume of Inland Transit**:** Click here to enter text.

**2. INSURANCE COVERAGE INFORMATION**

* **Proposed Effective Date of Insurance:** Click here to enter a date.
* **Geographic Limits:** (Please indicate by percentage)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Africa | Click here to enter text. % | Eastern Europe & Russia | Click here to enter text. % | North America | Click here to enter text. % |
| Caribbean | Click here to enter text. % | Far East | Click here to enter text. % | South America | Click here to enter text. % |
| Central America & Mexico | Click here to enter text. % | India / Southeast Asia | Click here to enter text. % |  |  |
| Europe | Click here to enter text. % | Mediterranean | Click here to enter text. % |  |  |
|  | Click here to enter text. % | Middle East | Click here to enter text. % |  |  |

* **Insurance Coverage Requested:**  All Risks  FPA  WA

Deductible: $ Click here to enter text. or Click here to enter text. %

* **Additional Coverages:**

War  Contingent Interest

Strike, Riot & Civil Commotion  Increased Value

FOB / FAS  Difference in Conditions

Duty  Domestic Inland Transit

Foreign Inland Transit (list countries): Click here to enter text.

Warehouse Coverage: (Statement of Values required for each location.) (See attached Form)

Other: Click here to enter text.

* **Policy Valuation:**

Amount of invoice, including charges, plus ocean freight, plus Click here to enter text. %

Other: Click here to enter text.

* **Limits of Insurance Requested:**

$ Click here to enter text. Any One Vessel $ Click here to enter text. Any One Truck or Rail Car

$ Click here to enter text. Any One Vessel On Deck $ Click here to enter text. Any One Barge

$ Click here to enter text. Any One Aircraft $ Click here to enter text. Parcel Post

**3. ACCOUNT HISTORY**

* Current insurance policy with Click here to enter text.

Has current insurance company requested replacement of coverage or sent notice of cancellation?  Yes  No

* **Premium & Loss Information for Last 5 Year Period:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Carrier** | **Premium** | **Estimated / Outstanding Losses** | **Paid Losses** |
| 20Click here to enter text. | Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |
| 20Click here to enter text. | Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |
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Principle Type of Loss: Click here to enter text.

Principle Countries Involved in Loss: Click here to enter text.

Additional Remarks or Information: Click here to enter text.

If No Cargo Policy in Force, how has your insurance been handled in the past?

1. Insured Through a Freight Forwarder
2. Insured By Customer or Supplier
3. Other  Please Explain: Click here to enter text.

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Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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**Company Use Only**

QUOTED

DECLINED Reason: Click here to enter text.

BINDING Effective Date: Click here to enter a date.

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Signature of Underwriter

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| **Address**  **STATEMENT OF VALUES** | | | | | | | **Coverage Values (TIV)**  **a minimum of one value is required** | | | **Building Attributes – Primary Characteristics** | | | **Building Attributes – Secondary Modifiers** | | | **Limits** | |
| **Name** | **Street Address** | **City** | **State Code** | **Postal Code** | **Country** | **ISO Country Code** | **Buildings** | **Contents** | **Business Interruption** | **Occupancy** | **Construction Code** | **Year Built** | **Year Upgrade** | **Floor Area**  **(sq. ft.)** | **Number of Stories** | **Location Gross Limit** | **Cat Sub Limit** |
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