

Marine Cargo Application

This form may be completed by you or your insurance broker. Please provide information for all of the spaces below. Save a copy for your own records, and have your insurance broker submit the completed application to an Aldis underwriter via e-mail.

APPLICATION INFORMATION

Insurance broker:

Applicant's name:

Address:

City: Province:

Postal code: Number of years in business: *All monetary values are in:

Type of business: Manufacturer Contractor Wholesaler Retailer Other

If 'Other' please describe:

CARGO

List the products being shipped:

Are products: New Used Both

Are products being shipped: Full container load Open top Break bulk Bales Reefer
 Less than container load Flat rack Drums Bulk Other:

Are products professionally packed: Yes No If 'No', who does the packing:

Marks or advertising on cartons: Yes No If 'Yes', please describe:

TRANSPORTATION

Goods shipped per	Percent moved by conveyance	Estimated annual volume	Average value per shipment	Maximum values per shipment	Limits required
Vessel	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Aircraft	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Rail	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Truck	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Owned vehicles	%	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Countries of origin:

Countries of final destination:

Do you have shipments where the origin or destination are NOT in North America: Yes No

If 'Yes', please describe:

TERMS OF SALE

Please select the appropriate Incoterms of sale that apply for your shipments:

Import shipments:

Export shipments:

Are values declared on a bill of lading: Yes No

COVERAGE REQUIREMENTS

Cargo: All risk Named perils

How do you value your cargo: Invoice + Freight + 10% Other (describe)

Do you require coverage for warehouse storage that is **not** in the normal course of transit: Yes No

UNDERWRITING INFORMATION

Name of previous insurer(s):

Have you ever had a previous policy cancelled: Yes No

If 'Yes' please explain:

Premium and loss history for the last 5 years:

Year	Premium paid	Losses paid	Losses outstanding	Details
2006	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2007	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2008	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2009	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2010	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Additional information:

Aldis privacy statement:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including, but not limited to, the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company to assess, underwrite, and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results, and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct.

Date:

Applicant's signature:

Broker's signature: