



OCEAN MARINE-CANADA APPLICATION FOR OPEN CARGO INSURANCE

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of St. Paul Fire and Marine Insurance Company's insurance business in Canada. Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited.

1. Name of Applicant 2. Applicant Web Site 3. Applicant Address 4. Telephone No. 5. Description of operation 6. Principal commodities shipped 7. How are goods packed for import/export 8. Who performs packing/unpacking 9. Primary points of origin and primary points of destination: Country % 10. Estimated %-age of shipments are in door-to-door containers? 11. Proposed attachment date 12. Valuation 13. Desired coverage (check all applicable items) All Risks All Risks w/Deductible \$ F.P.A. (only) War Risks Import Duty Contingency F.O.B./F.A.S Other

INTERNATIONAL TRANSIT

Please list annual volume and per shipment limits breakdown below.

14. Average \$ value per package \$ 15. Average \$ value per shipment \$ 16. Average \$ value per conveyance \$ 17. Maximum \$ value per vessel \$ 18. Maximum \$ value per aircraft \$ 19. Maximum \$ value per barge \$ 20. Maximum \$ value per tow \$ 21. Maximum value per mail \$ 22. Annual \$ volume shipped \$ 23. Percentages of exports/imports % Ocean Exports % Ocean Imports % Air Exports % Air Imports 24. No. of Shipments 25. Usual terms of sale

INLAND TRANSIT (Commodities shipped within borders of a country under separate bill of lading)

26. Limit Requested \$ 27. Annual \$ volume shipped \$ 28. Point of Origin 29. Point of Destination 30. Please check desired coverage All Risks Other 31. Principal countries where domestic shipments occur 32. Deductible Options \$ \$ \$ \$ 33. Average \$ value per shipping package or container per conveyance \$ 34. Maximum \$ value per shipping package or container per conveyance \$ 35. Percentage shipments by transportation % Rail % Truck % Air 36. No. of Shipments 37. Usual terms of sale

LOSS HISTORY

38. Five year history

Please include any additional information such as detailed loss experience, i.e. Annual Reports, brochures, etc. that may assist underwriters in their review of this account. Include warehouse losses if warehouse coverage is requested.

Year	Premium	Paid & O/S Losses	L/R%	Volume \$(000)	Coverage Terms	Insurance Company
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
TOTALS	\$ _____	\$ _____	_____	\$ _____	_____	_____

39. Agent/Broker

40. Contact

41. Producer Code

42. Comments

REQUIRED COMPLETION - READ AND SIGN

I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.

Applicant's Signature

Date

X

Agent's Signature

Date

X

Complete a separate worksheet for each warehouse to be covered. Request for warehouse/processor location coverage. All information must be completed on this form before this coverage can be quoted and/or bound.

1. Name of Applicant		
2. Name of Location		
3. Address (No., Street, City, Province, Postal Code, Country)		
4. Contact Person		5. Telephone Number
6. Limit of coverage required (stock only)	7. Maximum inventory stock	8. Average inventory/stock
9. Operation/types (check one) <input type="checkbox"/> Public warehouse (storage only) <input type="checkbox"/> Assured's Warehouse (storage only) <input type="checkbox"/> Processing Location		
10. Please check desired coverage <input type="checkbox"/> All Risks <input type="checkbox"/> Named Perils		11. Name Perils
12. Deductible Options \$ _____ \$ _____ \$ _____ \$ _____		
13. Earthquake deductible	14. Flood deductible	15. Wind deductible if Hurricane exposed

16. Physical Characteristic (please check one only)
- Frame** - Exterior walls are wood or other combustible materials.
 - Joisted Masonry** - Exterior walls are constructed of masonry materials and floors and roofs are combustible.
 - Non-Combustible** - Exterior walls and floors and roof are constructed of, and supported by metal or other non-combustible materials.
 - Masonry Non-Combustible** - Exterior walls are constructed of masonry materials with floors and roof of metal or other non-combustible materials.
 - Modified Fire Resistive or Fire Resistive** - Exterior walls and floors and roof are constructed of masonry or fire resistive materials.
17. Age of Building/Year Built? _____

SECURITY AND FIRE PROTECTION

18. Type of premises alarm systems (check all that apply)			
<input type="checkbox"/> Burglar System	<input type="checkbox"/> Fire System	<input type="checkbox"/> 24-Hour Watchman	<input type="checkbox"/> UL Certified
<input type="checkbox"/> No Burglar System	<input type="checkbox"/> No Fire System	<input type="checkbox"/> Central Station	<input type="checkbox"/> Grounds Fenced
19. Type of premises fire protection (check all that apply)			
<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Wet	<input type="checkbox"/> Public Fire Depart.	<input type="checkbox"/> Portable Fire Extinguishers
<input type="checkbox"/> No Sprinkler System	<input type="checkbox"/> Dry	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Any Combustibles