

Marine Ocean Cargo Application

Applicant

Name of applicant: _____ # of Years in Business _____

Mailing Address: _____

Description of operations: _____

Website: _____

Has the Applicant had an Ocean Cargo policy cancelled or filed for Bankruptcy in the past 5 years? Yes No

Proposed Effective Date: _____

Agent/Broker Name _____

Does your agency currently control this business? Yes No

Current Insurer: _____

Reason for Marketing: _____

Section I – International Transit

1. Shipments to be Insured

| Imports | | | | Exports | | | |
|-----------|---------|-------|---------|-----------|---------|-------|---------|
| Commodity | Country | % Air | % Ocean | Commodity | Country | % Air | % Ocean |
| | | % | % | | | % | % |
| | | % | % | | | % | % |
| | | % | % | | | % | % |

| 2. Annual Volume Shipped | | Imports | Exports |
|---|-------------------------------|---------|---------|
| Annual Volume (Imported/Exported) | | \$ | \$ |
| % of Shipments Applicant is responsible to insure | | % | % |
| % Shipped by Air | | % | % |
| % Shipped by Ocean | | % | % |
| % Shipped by Truck between Countries | | % | % |
| Shipments by Air | Average Amount per aircraft | \$ | \$ |
| | Maximum Amount per aircraft | \$ | \$ |
| Shipments by Ocean | Average Amount per container | \$ | \$ |
| | Maximum Amount per container | \$ | \$ |
| | Maximum Amount per conveyance | \$ | \$ |

| 3. Shipping Methods | Imports | Exports |
|---|---------|---------|
| % shipped in Door-to-Door Containers | | % |
| % shipped in Consolidated Containers | | % |
| % shipped in Refrigerated or temperature controlled containers by ocean | | % |
| % Shipped in bulk | | % |
| % Shipped Break Bulk | | % |
| % shipped in Refrigerated or temperature controlled containers by air | | % |

4. Packing Description (e.g. Shrink Wrapped, Pallets, Cartons, temperature controlled packaging, etc.)

| Imports | Exports |
|---------|---------|
| | |

5. Valuation

- Cost, Insurance and Freight + _____%
- Other (Please explain) _____

6. Requested Limits of Liability

Vessel: \$ _____ Aircraft: \$ _____

7. Requested Deductible \$ _____

8. Gross Sales: \$ _____

9. Optional Coverage Desired

- Inland Transit (please complete Section II below)
- Exhibitions Limit: \$ _____ Number of Exhibitions Anticipated _____
- Salespersons Samples Limit: \$ _____ Number of sales persons _____
- Storage or Processing – (please complete Section III below) War

Section II – Inland Transit Supplement

1. Requested Limit \$ _____

2. US/Canada Inland Shipments – Description of Commodity Shipped:

3. Description of Packing:

4. Total Values shipped:

\$ _____

| Average and Maximum Values Shipped by Description of Commodity Shipped | Percentage | Average Value | Maximum Value |
|--|------------|---------------|---------------|
| Truck (Common Carrier) | % | \$ | \$ |
| Truck (Owned Vehicle) | % | \$ | \$ |
| Rail | % | \$ | \$ |
| Air | % | \$ | \$ |
| Parcel Delivery (Fedex, UPS) | % | \$ | \$ |

5. Foreign Inland Shipments – Description of Commodity Shipped

Description of Packing:

| Countries | Percentage | Total Value | Average Value | Maximum Value |
|-----------|------------|-------------|---------------|---------------|
| | % | \$ | \$ | \$ |
| | % | \$ | \$ | \$ |
| | % | \$ | \$ | \$ |
| | % | \$ | \$ | \$ |

6. Shipments between countries via overland conveyance – Description of Commodity Shipped

Description of Packing:

| Countries (From/To) | Total Value | Average Value | Maximum Value |
|---------------------|-------------|---------------|---------------|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

7. Additional Information or comments:

Section III – Storage or Processing Location Supplement

For each location, where coverage is desired in excess of \$ 500,000 please complete the following:

Storage Location Processing Location

Location Name _____

Street _____

City _____ State _____ Postal Code _____

Country _____

Limit Requested \$ _____ Maximum Value \$ _____ Average Value \$ _____

Valuation Requested \$ _____ Deductible \$ _____

Commodities Stored _____

Do you own or operate this facility? Yes No

Is it a public warehouse? Yes No

Are there operations other than storage at this location? Yes No

Please describe

What type of processing is conducted at this location?

Building Construction

Year Built: _____ Number of Floors: _____

Are there fire hydrants on the premises or within 500 feet (150 meters)?

Does the location have the following private protection? Yes No

- Automatic sprinkler system? Yes No With an alarm to a central monitoring facility? Yes No
- Smoke detectors? Yes No With an alarm to a central monitoring facility? Yes No
- Watchmen during all non- working hours? Yes No With an alarm to a central monitoring facility? Yes No
- Burglar alarm? Yes No With an alarm to a central monitoring facility? Yes No
- Are there goods stored outside? Estimated percentage? Yes No Is the premises fenced and secured? Yes No

Is there any history of flooding How recently? Yes No How recently? _____

Do the goods stored require temperature control? Yes No

If so, please describe the temperature controls system including back- up systems, monitoring systems and alarms.

Additional information or special coverage required.

Loss Experience (attach or complete)

| Policy Year | Earned Premium | Total Losses | Deductible | Number of Loss | Largest Single Loss | Cause of Loss |
|-------------|----------------|--------------|------------|----------------|---------------------|---------------|
| | \$ | \$ | \$ | \$ | \$ | |
| | \$ | \$ | \$ | \$ | \$ | |
| | \$ | \$ | \$ | \$ | \$ | |
| | \$ | \$ | \$ | \$ | \$ | |
| | \$ | \$ | \$ | \$ | \$ | |

Fraud Warnings and Signatures

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND & WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: Any person who knowingly and with intent to defraud any Insurance company or Another person, files an application for insurance containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and MAY subject such person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA & WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO ALL OTHER APPLICANTS:

Any person who knowingly and with intent to defraud any Insurance company or Another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and MAY subject such person to criminal and civil penalties.

DECLARATION AND CERTIFICATION

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE COMPANY THAT, TO THE BEST OF THE APPLICANT'S KNOWLEDGE, ALL STATEMENTS MADE IN THIS APPLICATION AND ANY SUPPLEMENTS AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION OR HAVE BEEN SUPPRESSED OR CONCEALED.

THE APPLICANT AGREES THAT IF AFTER THE DATE OF THIS APPLICATION, ANY INCIDENT, OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION OR ANY OTHER DOCUMENTS SUBMITTED IN CONNECTION WITH THE UNDERWRITING OF THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH INCIDENT, OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS OR BINDERS MAY BE MODIFIED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

The undersigned **authorized officer of the applicant** knows of no other relevant facts which might affect the Company's judgment when considering this application and represents that the statements herein are true, accurate, and complete. The undersigned understands and agrees that the company is relying on such statements in determining whether or not to accept this application and provide insurance.

| | | |
|---|--|------|
| Authorized Signature of Applicant | Date | |
| Print Name | Title | |
| Applicant | Authorized Agent (Please Print Name) | |
| Authorized Agent (Signature) | Title | Date |
| Submitted By (Insurance Agent) | Insurance Agency | |
| Insurance Agency Taxpayer ID or Social Security No. | Agent License No. (For non-admitted placements a copy of valid surplus lines license will be required) | |
| Address (No., Street, City, State, and Zip Code) | | |

Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific Acord 38s are available for applicants in these states.)

Chubb. Insured.SM

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. Insurance provided by U.S. based Chubb underwriting companies. All products may not be available in all states. Coverage is subject to the language of the policies as actually issued. Surplus lines insurance sold only through licensed surplus lines producers.

Form 12-03-0016 (Ed. 11/18)