



Marine Cargo Insurance Application

Please complete form and email to: info@worldinsuranceagency.com

Name of Insured:

Main Trading Name:

Country:

Address:

City:

State:

Zip Code:

Contact Name:

Phone Number:

Email:

Nature of Business:

1). Are the Goods New or Used?

New Used

2). Duration of Coverage (e.g. Port-Port, Warehouse-Warehouse, etc.):

3). Basis of Valuation Required (e.g. CIF + 10%), replacement value? (please specify currency):

4). Mode of Transit:



Description of Cargoes to be Insured	Voyages	Anticipated Annual Value of Goods to be Insured (please specify currency)	Packing	Mode of Transport

For Ocean Transits Only	
Are the shipments in full container loads, door to door?	If no, please state whether they are LCL or Break Bulk
Do you grant any waivers of subrogation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to whom?	Is storage required beyond the normal course of transit?
Estimated maximum value of cargo on any one vessel (please specify currency)	Estimated maximum value at risk at any one time in any one location (please specify currency)



Losses *	Paid *	Outstanding	Deductible Applied? (Yes/No)	If Yes, Amount?

* Please specify currency here:

Loss Experience for the last three (3) years (please send additional sheet if necessary):

Remarks/Additional Information:

By signing this application, you confirm that your company/applicant does not trade in any of the sanctioned countries.

SIGNATURE:

Company:

Position:

Date:

Important Note: The questions contained in this form are designed to give insurers information regarding your business. It may not address every aspect, and it is your duty to disclose all material information to insurers that may affect the premium or conditions.