

STOCK THROUGHPUT APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Main Address of Insured: _____ Postal Code: _____

Name of Principal(s): _____

Website: _____

Number of years in business: _____ Years' of related experience: _____

Desired Effective Date: (MM/DD/YYYY) _____ Desired Expiry Date: (MM/DD/YYYY) _____

Previous Insurer: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No If Yes, explain: _____

Background and business description and details of their operations: (Please complete below)

Description of the subject matter to be insured: (Please complete below)

PART 2 TRANSPORTATION RISK

Maximum amount carried any one vessel, aircraft, truck or any one other conveyance:

Total anticipated Annual Sales Revenue: \$ _____

Annual Sales Revenue in prior three years: \$ _____

Total annual "INBOUND" shipment values for which the Insured is responsible to insure (i.e. shipped at Insured's risk of loss).

	Values at Risk <i>(please also denote what Basis of Valuation used)</i>	See "Note" below for use of this box
Domestically Sourced:		
Internationally Sourced:		

Note: If Valuation required differed from Valuation used, please advise how the figured provided will be affected / need to be changed in reaching the required Basis of Valuation and Loss Settlement (respond in space provided above).

Where internationally sourced, please provide breakdown (i.e. % from China, % from Europe, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Total annual "OUTBOUND" shipment values for which the Insured is responsible to insure (i.e. shipped at Insured's risk of loss).

	Values at Risk <i>(please also denote what Basis of Valuation used)</i>	See "Note" below for use of this box
Domestically Sourced:		
Internationally Sourced:		

Note: If Valuation required differed from Valuation used, please advise how the figured provided will be affected / need to be changed in reaching the required Basis of Valuation and Loss Settlement (respond in space provided above).

Where internationally sourced, please provide breakdown (i.e. % from China, % from Europe, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

List details of packing below: (i.e. cased, crated, in manufacturers' export cartons, bulk, bagged, palletized and shrink wrapped, etc.)

Is the Insured responsible for any packing? Yes No If "Yes" please explain below:

Is cargo containerized? Yes No

If "Yes", please advise whether cargo is stowed as a full container load (FCL) or part container load (LCL) or groupage below:

Please confirm no waiver of subrogation is given to any party involved with the carriage or handling of the cargo: Yes No If Yes, explain below:

PART 4 STOCK / STORAGE RISK

(Either attach a Schedule or list all locations where goods are held in stock or storage in the table provided below)

STATEMENT OF VALUES

Loc #	Full Address (Street, City, Prov/State, Zip/Postal)	Occupancy Type	Construction	Yr. Built
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Loc #	Alarm System	Sprinkler System	Watchmen	Monitored CCTV	Sq. Ft. Utilized by Ins'd	Stock (Average)	Stock (Maximum)	Stock (Average) @ Selling Price	Stock (Maximum) @ Selling Price
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$	\$	\$

When providing Statement of Values, what Basis of Valuation has been used (Replacement Cost, Selling Price, etc.)?

NOTE: If Selling Price (or other) Basis of Valuation is required, please ensure the Average and Maximum values are also separately shown to reflect the required Selling Price (or other) Valuation.

Do the Stock values provided reflect known increases that will occur over the next 12 months? Yes No

If "Yes" to the above question, please clarify / elaborate further in this regard:

What Basis of Valuation had been used for stock values?

What Basis of Valuation for Loss Settlement is required?

If the Loss Settlement Valuation differs from the declared valuation please clarify how the figures provided will be affected / changed in reaching the required Basis of Valuation for loss settlement:

PART 5 LOSS HISTORY

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

***Please attach any available insurance company loss reports with this application**

Please advise the expiring insuring conditions relevant to the above claims record:

Transit Deductible Required? \$ _____ Storage Deductible Required? \$ _____

What is the Target Premium / Rate? \$ _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____