Details of Insured

Name of the Insured:

Address of the Insured:

Website of the Insured:

Business Nature of the Insured:

Description of the Cargo

Type of Commodity (select from drop down):

Full Detailed Description of the Cargo:

Condition of the Cargo:

If other, describe:

Full Detailed Description of the Packaging:

Value of Goods:

Desired Limit of Liability:

Incoterms:

Description of the Cargo (continued)

Oversized Load:
Greater than 40ft L x 8ft W x 8.6ft H / 12.19m L x 2.44m W x 2.59m H

☐ Yes ☐ No

If yes, provide the following:

*Commodity Weight:

*Commodity Dimensions:

*Provide In-House Engineering Contact Information:

*Provide Lashing and Securement Plans:

Will handling guidelines be provided to the carrier prior to loading of the commodity?

☐ Yes ☐ No

Transit Type:

If other, please describe:

Carrier/Haulier/ Logistics Provider Details

Name of haulier or shipping company/logistics provider:

Address of haulier/logistics provider:

DOT Number

Carrying Vessel Name / IMO Number

Number of years experience moving the commodity:

Have you ever experienced any claims within the last 5 years which would have resulted in an insurable loss?

☐ Yes ☐ No

Transit Details

Intended Date of Commencement (on or around):

Responsible Party for Lifting and Loading:

Intended Date of Arrival at Destination (on or around):

Responsible Part for Lifting and Off-Loading:

Address of Orgin:

Address of Destination:

Are there transshipment points?:

☐ Yes ☐ No

If there are transshipment points, please provide in the section below:

Mode of Current Conveyance	Current Carrier / Haulier	Location of Transshipment

Mode of Transshipment Conveyance	Transshipment Carrier/ Haulier	Will a transshipment survey be performed?

Is the final leg of the transit insured under a separate policy?

☐ Yes ☐ No