

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
TWO HUDSON PLACE, FOURTH FLOOR
HOBOKEN, NEW JERSEY 07030
PHONE (201) 653-6100
FAX (201) 533-8611



MARINE CARGO INSURANCE APPLICATION

Company Information

Company Name _____

Company DBA Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____

Phone Number _____ Fax Number _____

Email Address _____

Website _____

Years in Business _____ Public Corporation _____ Private Corporation _____

Number of Employees _____ Number of Branches _____

Company Type

_____ Freight Forwarder _____ Trucker _____ Domestic Property Broker
_____ N.V.O.C.C. _____ Ship's Agent _____ Warehouse Operator
_____ Air Cargo Agent _____ Customs Broker _____ Other

Existing Policies

Please advise if you have a current policy in place for the following:

_____ Marine Cargo _____ E&O/Cargo Liability _____ Bailee _____ Motor Truck Cargo
_____ P&I _____ Property/GL _____ Warehouse Legal _____ Excess/Umbrella

Operations

Please indicate the percentage of shipments handle per conveyance.

_____ Ocean _____ Air _____ Domestic

What percentage of shipments are containerized? _____

What percentage of shipments are break bulk? _____

Trading Lanes

Principal Trading Areas by Percentage

USA/Canada _____ Europe _____ Middle East _____
 Mexico _____ Australia/New Zealand _____ Far East: _____
 Central America _____ CIS: _____ India/Pakistan: _____
 South America _____ Africa _____ Other _____

Commodities

Typical Commodities handled _____

What percentage of your traffic does the following represent?

_____ General Cargo _____ Temperature Controlled Goods
 _____ Liquor / Tobacco _____ Personal Effects
 _____ Bulk shipments _____ Electronic Equipment
 _____ Project Cargo _____ Tank Cargo
 _____ Heavy Machinery _____ Cell Phones / Ipads

Please indicate below if any of your shipping customers have any specific rates and/or terms.

Annual and Maximum Values

Please indicate the annual values and the average/maximum values per shipment values of the following:

	Annual Value	Average Value per Shipment	Maximum Value per Shipment
International Ocean			
International Air			
Domestic Transit			

Please indicate the annual warehouse value and maximum warehouse values at any one time.

Warehouse Annual _____ Warehouse Maximum _____

Warehouse Address _____

Packaging Details

Ocean _____

Air _____

Domestic _____

(Professionally packed, containerized, crated, palletized, etc.)

Loss History Paid

Year	Paid Premium	Paid Claims & Expenses	Loss Ratio	Reserves
Current				
Current less 1				
Current less 2				
Totals				

Please attach hard copy of loss history.

Current Marine Policy

Current Cargo Insurance Broker & Carrier _____

Policy Number _____

How long has your current policy been in effect? _____

Has insurance ever been cancelled/declined for any reason? Yes No

If yes, please advise on the reason(s) _____

I HEREBY CERTIFY ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE:

Name

Title

Date