## CARGO INSURANCE APPLICATION

**TSW Management Services Inc.**

International Insurance Wholesalers

1177 West Hastings Street, Suite 1730

Vancouver, BC V6E 2K3

T. 604-678-9833 F. 604-678-6882

Toll Free: 1-866-904-8146

**Toll Free: 1 866 904-8146**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Any associated or subsidiary companies?  | [ ]  Yes/ [ ]  NoIf yes, please explain:  |
| Address: |  |
| Number of Years in Business |  |
| Desired or Current Effective Date |  |
| Limit(s) of Liability Required |  |
| Deductible Requested |  |
| Description of products imported and/or exported |  |
| Annual volume ($), per product:  | 1     2     3     Terms of sales &/or purchases: [ ] C&F [ ] CIF [ ] FOB |
| Origin and/or destination:(per product) | 1     2     3      |
| Percentage by:  | % Sea |      % Air |      % Inland (truck/railcar) |
| Type of packaging |  |
| Percentage by | % Full Load      % Shared Container      % Non-Containerized |
| Maximum value any one shipment: | % Sea  |      % Air |      % Inland (truck/railcar) |
| **Storage before &/or after delivery to your warehouse** |
| Address: |  |
| Fire Protection |  |
| Alarm |  |
| Limit Required  |  |

### Insurance History

|  |
| --- |
| **Schedule of Policies** |
| **Coverage:** | **Carrier:** | **Policy Term:** | **Limit:** | **Premium:** |
| Cargo  |       |       | $      | $      |
|       |       |       | $      | $      |
|       |       |       | $      | $      |
| Has insurance ever been refused or cancelled? [ ]  Yes / [ ]  NoHave you ever had special conditions imposed on your insurance? [ ]  Yes / [ ]  No |

Claims History:

Please give details for the past five years of any loss or claim made against you or any previous partnership or circumstances likely to give rise to a Legal Liability claim made against you, whether insured or not

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Occurrence:** | **Status:** | **Describe occurrence**  | **Amount:** | **Deductible:** |
| **Outstanding:** | **Paid:** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |