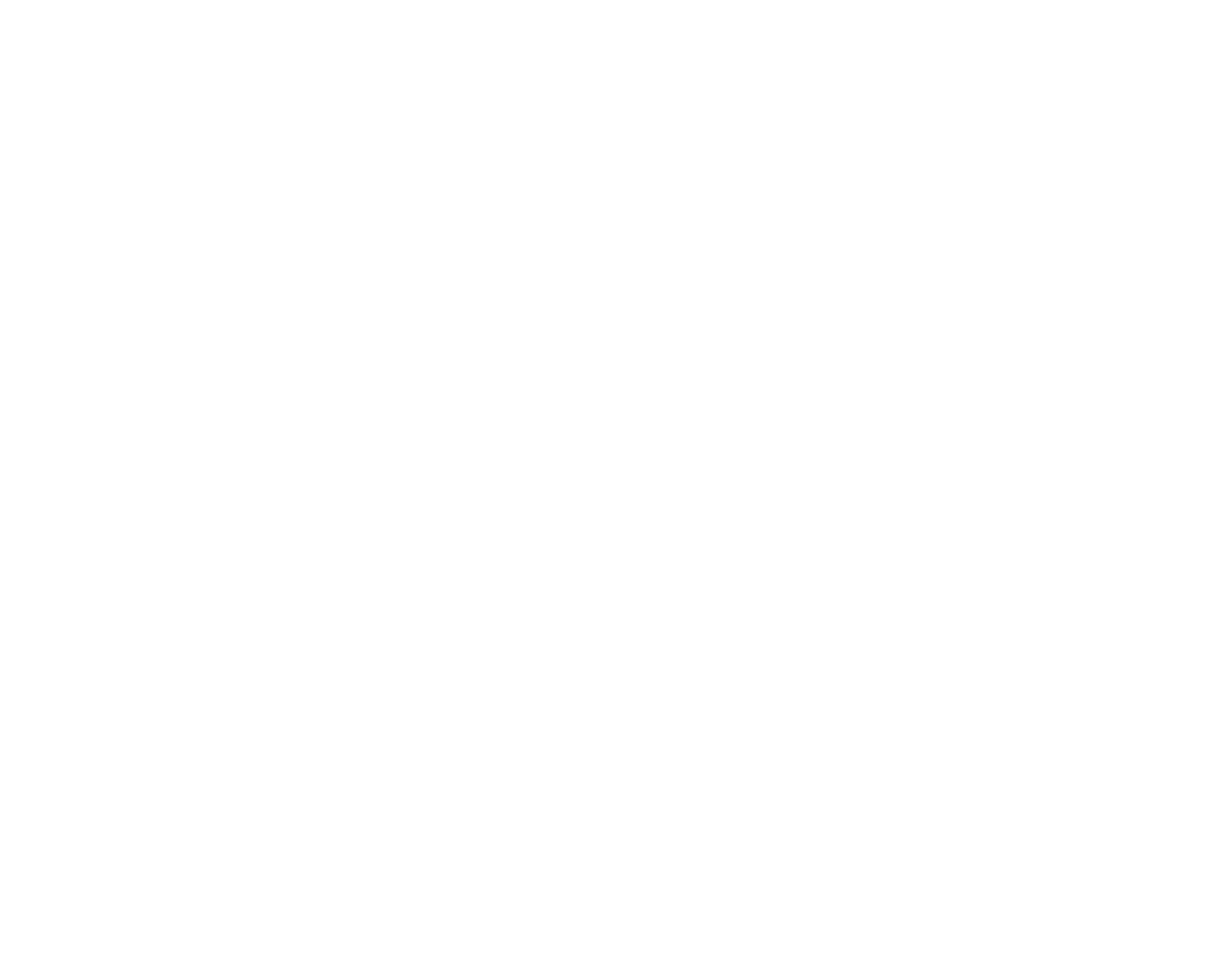
## CARGO INSURANCE APPLICATION



**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/  No  If 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 /  No  Have 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:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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