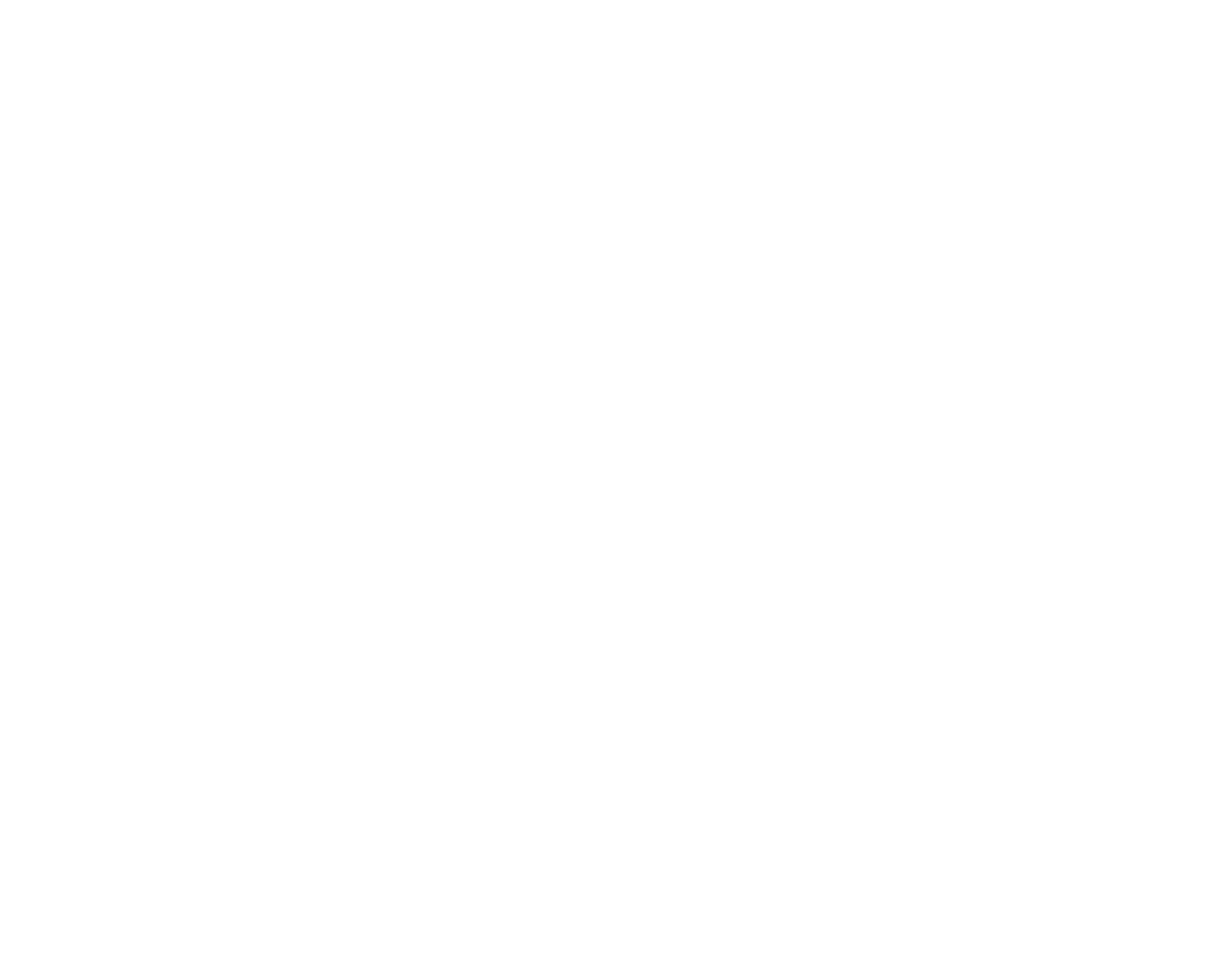
## STOCK THROUGHPUT INSURANCE APPLICATION



**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant** | | | | | | | | | | | | | | | | | |
| Name of Company | | | | | |  | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | |
| Associated or Subsidiary companies | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Website Address (if applicable) | | | | | |  | | | | | | | | | | | |
| Description of goods to be insured: | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Annual Gross Receipts | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Annual Volume** | | | | | | | | | | | | | | | | | |
|  | | Annual Value | Imported From / Exported To | | | | | % Steamer | % Air | | % Shipped in FCL’s \* | | | Any One Sending | | | |
| Maximum Limit | | | Average Limit |
| Overseas Imports to be Insured | | $ |  | | | | |  |  | |  | | |  | | |  |
|  | | | | |
|  | | | | |
| Overseas Exports to be Insured | | $ |  | | | | |  |  | |  | | |  | | |  |
|  | | | | |
|  | | | | |
| Annual Value - Domestic Shipments to be Insured | | | | | | | | | | | | | $ | | | | |
| Maximum Limit any one Vehicle | | | | | | | | | | | | | $ | | | | |
| Average Limit any one Vehicle | | | | | | | | | | | | | $ | | | | |
| *\*Full Container Loads* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Location Details**  Please attach a separate Statement of Values if necessary. | | | | | | | | | | | | | | | | | |
| Location Address | | | | | Construction Details | | | | | Maximum Stock Inventory | | | | | Average Stock Inventory | | |
|  | | | | |  | | | | | $ | | | | | $ | | |
|  | | | | |  | | | | | $ | | | | | $ | | |
|  | | | | |  | | | | | $ | | | | | $ | | |
|  | | | | |  | | | | | $ | | | | | $ | | |
|  | | | | |  | | | | | $ | | | | | $ | | |
| Are all locations above sprinklered?  If no, which locations are NOT sprinklered? | | | | | | | | | | | | Yes  No | | | | | |
| Are all locations above alarmed?  If no, which locations are NOT alarmed? | | | | | | | | | | | | Yes  No | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Coverage Requirements** | | | | | | | | | | | | | | | | | |
| Existing Conditions and Deductibles | | | | | | $ | | | | | | | | | | | |
| $ | | | | | | | | | | | |
| $ | | | | | | | | | | | |
| Limit(s) of Liability Required | | | | | | $ | | | | | | | | | | | |
| **Property Valuation** | | | | | | | | | | | | | | | | | |
| Actual Cash Value | | | | | | | Selling Price | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |
| **Claims History**  Please provide a 3 year loss record | | | | | | | | | | | | | | | | | |
| Date of Occurrence | Status | | | Describe Occurrence | | | | | | | Amount Paid | | | | | Deductible | |
|  |  | | |  | | | | | | | $ | | | | | $ | |
|  |  | | |  | | | | | | | $ | | | | | $ | |
|  |  | | |  | | | | | | | $ | | | | | $ | |
|  |  | | |  | | | | | | | $ | | | | | $ | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_