## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_