



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

OCEAN MARINE

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Business Name: (also dba) _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

E-Mail: _____ Website: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities and exposures (specifically, and by location): _____

Years in Business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Policy Number			
Annual Premium	\$	\$	\$

Has your Ocean Marine or Domestic Transit insurance been canceled, declined, or non-renewed in the past five years? Yes No

If yes, please describe circumstances: _____

Have you had any Warehouse insurance that has been canceled, declined, or non-renewed in the past five years? Yes No

If yes, please describe circumstances: _____

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

3. Desired Insurance

a. Limit of Liability:

- \$100,000 per accident / \$300,000 aggregate
- \$200,000 per accident / \$300,000 aggregate
- \$250,000 per accident / \$500,000 aggregate
- \$250,000 per accident / \$1,000,000 aggregate
- Other: _____

b. Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

c. Insuring Conditions Requested:

- Free of Particular Average = FPA or free of partial loss
- All Risks
- Named Perils Only (please specify) _____

d. Additional Coverages:

- Strikes and Riots & Civil Commotion
- War

- Duty
- FOB/FAS
- Contingent
- Warehouse (please complete Warehouse Information section below for each location)

- Warehouse Limit: \$ _____
- Flood Limit: \$ _____
- Earth Movement Limit: \$ _____

- Domestic Shipments (not imports or exports) Limit: \$ _____
- Salesman Samples Limit: \$ _____ Average and Maximum Values any one salesman \$ _____
- Exhibition Limit: \$ _____ Duration in days of annual aggregate exposure? _____
- Other (please explain) _____

e. Certificates Needed: Yes No Quantity: _____

4. Operations & Exposures

a. Principal Trading Activity: Import Export World-World Other: _____

b. Experience in Overseas Shipping: _____

c. Goods or Commodity Shipped (describe any and all goods to be shipped): _____

d. Packaging Details:

Please describe interior packaging as well as shipping packages used, whether wooden cases, cardboard cartons, barrels, kegs, plastic/steel drums, etc.: _____

Please provide details of specific safeguards against theft, pilferage, breakage, water damage, leakage or other damage: _____

e. Estimated annual value of insurable shipments: \$ _____

f. Average value of any one shipment: \$ _____

g. Maximum value of any one shipment: \$ _____

h. Estimated annual foreign sales: \$ _____

i. Estimated annual domestic sales: \$ _____

j. Estimated percentage of shipments by:

Vessel: _____% Air: _____%
 Barge: _____% Parcel Post: _____%

k. Estimated Percentage of Intermodal Containerized Shipments:

Door to Door: _____% Other: _____
 Port to Port: _____% Who handles the intermodal containers? _____

l. Special Handling, Equipment or Containers:

Refrigerated: _____% Open Top: _____%
 Palletized/Unitized: _____% Vented: _____%
 Tank: _____% Other: _____%

m. Geographical Limits (please indicate percentage of total annual values shipped – total should equal 100%):

Australia, New Zealand and Fiji	_____%	Caribbean	_____%
Western Europe	_____%	Africa	_____%
Eastern Europe	_____%	Asia	_____%
South America	_____%	Southeast Asia	_____%
Central America	_____%	CIS Countries	_____%
Mexico	_____%	Middle East	_____%

5. Domestic/Foreign Transit

a. Please describe modes of transit used for shipments:

Domestic: Rail: _____% Truck: _____% Plane: _____% Other: _____%
 Foreign: Rail: _____% Truck: _____% Plane: _____% Other: _____%

b. Type of carrier:

Owned Vehicle: _____% Common Carrier: _____%
 Contract Carrier: _____% Other: _____%

c. Principal Common/Contract Carriers used:

d. Average and Maximum values any one truck/rail/plane: \$ _____

e. Type of Bill of Lading: Full Value: _____% Declared: _____%

f. Released Liability to Carriers: \$ _____ per _____ (pounds, package or other)

6. Valuation/Terms of Sale/Bill of Lading

a. Valuation: Cost Insurance Freight (CIF) plus 10% Other: _____

b. Terms of Sale:

Cost, Insurance, Freight (CIF): _____%

Cost and Freight (C&F): _____%

Free on Board/Free Along Side (FOB/FAS) where: _____ %

Ex Point of Origin where: _____ %

c. Bill of Lading:

Vessel: Full Released \$ _____ per _____ (pounds or other)

Air: Full Released \$ _____ per _____ (pounds or other)

Truck: Full Released \$ _____ per _____ (pounds or other)

Rail: Full Released \$ _____ per _____ (pounds or other)

7. Warehouse Information

(You do not need to complete this section unless warehouse coverage is desired.)

a. Address of warehouse: _____

City: _____ State: _____ Zip: _____

b. Is the warehouse owned by you? Yes No

If not, have any special agreements whereby any bailee or other third party is released from its contractual, common law or statutory liability for any loss? Yes No

If any agreement/contract has been made, please provide a copy of the current agreement/contract.

c. Please list goods or commodity being temporarily stored: _____

d. Average monthly value of goods being stored: \$ _____

e. Maximum value of goods being stored: \$ _____

f. Are there other occupants/operations in warehouse? Yes No

If yes, please specify other occupants' goods being stored: _____

g. Are there any hazardous materials, flammable or explosive materials being stored in the warehouse?

Yes No

If yes, please explain: _____

h. Building Details:

Age: _____

Construction: _____

Number of Stories: _____

Protection Class: _____

i. Protection:

Burglar Alarm? Yes No

If yes, central station reporting? Yes No

Smoke/Fire Detection? Yes No

If yes, central station reporting? Yes No

Sprinkler System? Yes No

If yes, central station reporting? Yes No

j. Please describe surrounding building operations: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name