Parsyl Marine Cargo Application Form

The Insured

Name Insured:

Summary of Insured:

Website:

# of Years in Businesses:

Effective Date:

Where are you currently insured / duration of coverage:

Have any of the named insured's policies been declined, canceled or non-renewed in the last 5 years?

◯ Yes   ◯ No

Agent/Broker:

Email:

Interests

Description of Goods Shipped:

Description of Packaging:

Are Goods temperature/humidity controlled?

◯ Yes   ◯ No

Responsibility of Packing:

◯ Insured   ◯ Freight Forwarder   ◯ Consolidator   ◯ Other

Total Sales:

International Imports & Exports

Total Values Shipped: | Per Vessel / Air Limit:

Standard Valuation of CIF+10 acceptable? If not, please enter preferred valuation.

Commodity	Est. Total Value of Goods Shipped	Country/Region of Origin	Country/Region Destination	% Air	% Ocean	Max Value Per Shipment	Avg Value Per Shipment

Domestic Transits

Total Values Shipped: | Limit:

Standard Valuation of CIF+10 acceptable? If not, please enter preferred valuation.

Est. Total Value of Goods Shipped	Max Value Per Shipment	Avg Value Per Shipment

Warehouse/Stock

Warehouse, stock, processing exposure required?　　◯ Yes　　◯ No

Warehouse Name and Location	Max Values Stored	Avg Value Stored	COPE Information

Provide the following information in an **attached SOV:**

Location Address, Limit Requested $, Maximum Value $ Average Value $, Owned/3rd Party, Building Construction, Year Built, Fire/Theft Protections, Premises Fenced and Secured.

Lossess

Please send loss runs if available.

Policy Year	Number of Losses	Total Losses for Year	Causes(s) of Loss

Signature

Broker:	Date:
Insured:	Date: