# STOCK THROUGHPUT INSURANCE APPLICATION

Agency Name:	
Agonov Contact	
Agency Contact:	
Agency Email:	
Agency Phone:	
Agency Address:	
Janes y Marianes	
Agency City:	
A	
Agency State:	
Agency Zip Code:	
Currently an agent fo	r Agent Access?: YES NO
Agency Comments:	

1.	Name	e of the Insured:
2.	Addre	ess of the Insured:
3.	Desci	ription of operations:
	Webs	site URL:
4.	Detail	s of where the Insured's responsibility for incoming and outgoing transits begins and ends:
5.	Estim (USD	ated total sales for forthcoming annual period ):
	Actua	I total sales for last annual period
	(USD	):
6.	Requi	ired deductibles: Transits (USD):
	b)	Stock/Inventory (USD):
7.	Attach	nment/renewal date for the policy:
8.	How a	re the goods valued/what is the basis of loss settlement required in respect of:
	a)	In "raw" state (prior to manufacture)
	b)	Storage prior to manufacture
	c)	During manufacture
	d)	Storage after manufacture
	e)	Distribution to final customer
	Is me	rchandise to be put on exhibition?
	If yes: a)	Number of exhibitions per years
	b)	Estimated value at any one time and place
	c)	Locations involved
<u>IM</u> P	ORTS:	
		he nature of the goods?

10.	USI Spli	t as fo	ollows:		nual total values sh	50 50	- 10 LO	ny transits:	
	Country/ Continent				otal Annual Value Shipped	P purch	ercentage nased C.I.F or milar basis	Percentage purchase F.O.B. AND C. and F. similar basis	ed . or
				US	D		%		%
				US	D		%		%
				US	D		%		%
				US	D		%		%
11.	Wha	at are	the metl	nods of t	ransit (as a percen	tage of tot	tal imports):		
		Mea	ns	Perc	centage of		Any one co	nveyance	
				tota	al imports	Average value (USD)		Max Value (USD)	1
	a)	Airfr	eight		%				
	b)	Seat	freight		%				
	c)	Roa	d		%				
	d)	Rail			%				1
12.	Pac	king	Part co	ntainer l ontainer Bulk packing	loads				% % %

## **EXPORTS**:

13.	Wha	t is the nature	of the goods?				
14.	What is the estimated annual total ∨alues shipped including inter-company transits:						
	USD Split as follows:						
	Exports into the country of the Assured's operation form:						
	Coul	ntry/ Continen	t Total Annual Value Shipped	purch	ercentage nased C.I.F or milar basis	Percentage purchased F.O.B. AND C. and F. or similar basis	
			USD		%		%
			USD		%		%
			USD		%		%
			USD		%		%
15. W	Vhat are	the methods	of transit (as a percentage	of total im	nports):		
		Means	Percentage of	Any one conveyance			
			total imports	Averaç	ge value (USD)	Max Value (USD)	
	a)	Airfreight	%				
	b)	Seafreight	%				
	c)	Road	%				
	d)	Rail	%				
16.	Pack	ina					
10.	rack		itainer loads			%	01 <u>1</u>
	Part container loads						-0
	Break Bulk						
Detai	ls of pro	oduct packing:					THE STATE OF THE S

### **DOMESTIC TRANSITS:**

		t are the estimation		al values (no	t where overseas moveme	ents are involved)		
_\	What a	are the modes o	of transits (as a	a percentage	of the total domestic trans	its):		
ē	a) '	Carried by road	l/rail carriers		%			
k	o)	Carried by own	vehicles		%			
	Plea	se give details	on any wai∨ers	s of recourse	given to third party road/ra	ail carriers?		
	Do ro	oad/rail carriers	take full value	liability?	YES N	0		
		Means	Percentag	ge of	Any one c	onveyance		
		Means	Percentag total impo		Any one c  Average value (USD)	onveyance Max Value (USD)		
	(a)		157					
	a) b)	Airfreight	157	orts				
		Airfreight Seafreight	157	orts %				

## STORAGE OF INVENTORY (other than in the ordinary course of transit)

22. Provide name and address (including ZIP code) of all warehouses used (please attach schedule if available):

Name	Address	State	Zip	Average monthly values stored (USD)	Max monthly values stored (USD)
				3.7	

23.	Please complete this Statement of Values worksheet and email it to us. In so doing, please supply details of each of the main locations (exceeding USD 2 million in store) such as details of construction, sprinkler and alarm systems, HPR (highly protected risks) rating and/or copies of survey information. Please provide COPE (Construction, Occupancy, Protection, Exposure [property insurance]) information if available.							
24.	What is the	e turn-around time of goods i	in storage?					
25.	Is there an	y retail exposure?	YES	8		NO		
	If yes: Name	Address		State	Zip	Average monthly values stored (USD)	Max monthly values stored (USD	
26.	indicating t	vide claims experience for (a the applicable deductible, if a e/Transits Claims Record:		ast three	years a	s below on a gross	s basis but	
	Year	Cause of loss	Claims	Paid	Clai	ims Outstanding	Deductible	
	b) Storag	e Claims Record:						
	Year	Cause of loss	Claims	Paid	Clai	ms Outstanding	Deductible	

27.	reoccurrence of such claims:
28.	Please give details of any uninsured losses not included in the above:
<u>ADDIT</u>	IONAL INFORMATION:
	Please give details of any other information that would be material to Underwriters (material means information which is likely to influence the acceptance of the risk and the terms applied):

#### Declaration

I declare, that to the best of my knowledge and belief, the statements and particulars in the proposal are true and that no material facts have been mis-stated or suppressed.

I agree that this proposal, together with any other information supplied, shall form the basis of any Contract of Insurance affected thereon.

I undertake to inform Insurers of any material alteration to facts occurring before completion of the Contract of Insurance.

Please state the name and title of the officer at your firm who has prepared and reviewed this questionnaire and sign the declaration.

Name:	
Date:	
Position:	
Signature:	