

STOCK THROUGHPUT INSURANCE APPLICATION

Agency Name:

Agency Contact:

Agency Email:

Agency Phone:

Agency Address:

Agency City:

Agency State:

Agency Zip Code:

Currently an agent for Agent Access?: YES NO

Agency Comments:

1. Name of the Insured:

2. Address of the Insured:

3. Description of operations:

Website URL:

4. Details of where the Insured's responsibility for incoming and outgoing transits begins and ends:

5. Estimated total sales for forthcoming annual period (USD):

Actual total sales for last annual period (USD):

6. Required deductibles:
a) Transits (USD):

b) Stock/Inventory (USD):

7. Attachment/renewal date for the policy:

8. How are 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 merchandise to be put on exhibition? YES NO

If yes:
a) Number of exhibitions per years

b) Estimated value at any one time and place

c) Locations involved

IMPORTS:

9. What is the nature of the goods?

10. What is the estimated annual total values shipped including inter-company transits:

USD

Split as follows:

Imports into the country of the Assured's operation form:

Country/ Continent	Total Annual Value Shipped	Percentage purchased C.I.F or similar basis	Percentage purchased F.O.B. AND C. and F. or similar basis
	USD	%	%
	USD	%	%
	USD	%	%
	USD	%	%

11. What are the methods of transit (as a percentage of total imports):

	Means	Percentage of total imports	Any one conveyance	
			Average value (USD)	Max Value (USD)
a)	Airfreight	%		
b)	Seafreight	%		
c)	Road	%		
d)	Rail	%		

12. Packing

Full container loads	%
Part container loads	%
Break Bulk	%

Details of product packing:

EXPORTS:

13. What is the nature of the goods?

14. What is the estimated annual total values shipped including inter-company transits:

USD

Split as follows:

Exports into the country of the Assured's operation form:

Country/ Continent	Total Annual Value Shipped	Percentage purchased C.I.F or similar basis	Percentage purchased F.O.B. AND C. and F. or similar basis
	USD	%	%
	USD	%	%
	USD	%	%
	USD	%	%

15. What are the methods of transit (as a percentage of total imports):

	Means	Percentage of total imports	Any one conveyance	
			Average value (USD)	Max Value (USD)
a)	Airfreight	%		
b)	Seafreight	%		
c)	Road	%		
d)	Rail	%		

16. Packing

Full container loads	%
Part container loads	%
Break Bulk	%

Details of product packing:

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.

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24. What is the turn-around time of goods in storage?

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25. Is there any retail exposure? YES NO

If yes:

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

CLAIMS:

26. Please provide claims experience for (at least) the past three years as below on a gross basis but indicating the applicable deductible, if any:

a) Marine/Transits Claims Record:

Year	Cause of loss	Claims Paid	Claims Outstanding	Deductible

b) Storage Claims Record:

Year	Cause of loss	Claims Paid	Claims Outstanding	Deductible

27. Please give more detailed information on any major claims and details of action taken to prevent reoccurrence of such claims:

28. Please give details of any uninsured losses not included in the above:

ADDITIONAL 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: