

ROBERT W. SCHMIDT & COMPANY
3505 North 124th Street
Brookfield, WI 53005-2489

APPLICATION FOR OCEAN CARGO INSURANCE

Date: _____

OPEN POLICY TRIP RISK ONE YEAR TERM POLICY

NAME OF INSURED (Include names of all subsidiary firms or corporations to be insured): _____

ADDRESS OF INSURED: _____

NAME OF AGENT OR BROKER: _____

GEOGRAPHICAL LIMITS:

U.S. TO WORLD WORLD TO U.S. WORLD TO WORLD RIVER SHIPMENTS
 GREAT LAKES OTHER: _____

VALUATION:

AMOUNT OF INVOICE, INCLUDING CHARGES, PLUS OCEAN FREIGHT, PLUS _____ %

OTHER: _____

PRINCIPAL MERCHANDISE TO BE INSURED (Enclose pictures or illustrated catalogs, if available): _____

PACKING - DESCRIBE IN DETAIL (enclose pictures and diagrams of packing, if available): _____

INSURING CONDITIONS:

ALL RISKS DEDUCTIBLE \$ _____ % FRANCHISE \$ _____ % FREE OF PARTICULAR AVERAGE

WITH AVERAGE 3% WITH AVERAGE I.O.P.

OTHER: _____

SPECIAL CONDITIONS

WAR RISK CONTINGENT INTEREST DIFFERENCE IN CONDITIONS SR & CC FOB/FAS

INCREASED VALUE DUTY COVERAGE WAREHOUSE COVERAGE - Attach list of locations

OTHER: _____

LIMITS OF INSURANCE

\$ _____ BY ONE VESSEL

\$ _____ REGISTERED OR GOVT. INSURED PARCEL POST

\$ _____ BY ANY ONE VESSEL ON DECK

\$ _____ BY ANY ONE AIRCRAFT

\$ _____ BY ANY ONE TRUCK/R.R. TRAIN

\$ _____ UNREGISTERED OR ORDINARY PARCEL POST

\$ _____ BY ANY ONE BARGE

DESCRIBE NATURE OF ISSURED'S BUSINESS (Manufacturer, Exporter, Commodity Broker, etc.):

	EXPORTS	IMPORTS
INSURED VOLUME during the last 12 months	\$ _____	\$ _____
ESTIMATED VOLUME to be insured during the next 12 months	\$ _____	\$ _____
ESTIMATED AVERAGE VALUE PER SHIPMENT	\$ _____	\$ _____

PRINCIPAL COUNTRIES TO WHICH GOODS ARE EXPORTED (Indicate % involved):

PRINCIPAL COUNTRIES FROM WHICH GOODS ARE IMPORTED (Indicate % involved):

NAME OF PRESENT INSURANCE COMPANY: _____

NAME OF PRESENT BROKER: _____

PREMIUM AND LOSS EXPERIENCE FOR PAST _____ YRS (attach loss analysis if available): _____

WAREHOUSE

	EXPORTS	IMPORTS	
PREMIUM (excluding War)	\$ _____	\$ _____	\$ _____
LOSSES PAID AND OUTSTANDING	\$ _____	\$ _____	\$ _____

PRINCIPAL KIND OF LOSS:

PRINCIPAL COUNTRIES INVOLVED IN LOSSES:

REMARKS: (attach extra sheets if necessary)

QUOTED

DECLINED Reason: _____

BINDING Effective Date: _____

SIGNATURE OF UNDERWRITER

DATE