



**INLAND MARINE/CARGO/EQUIPMENT  
APPLICATION FORM**

1. Applicant (proposed Named Assured): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Number of years in business: \_\_\_\_\_
4. Description of Applicant's operation: \_\_\_\_\_
5. Proposed policy period: 12 months at: \_\_\_\_\_
6. Schedule of items to be insured:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Maximum Limit any one location/any one conveyance: \_\_\_\_\_
8. Any storage details including information (including security): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Details of Transportation arrangements (including security): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Geographic areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Details of any Loss payees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Five Year Claims History (Insured or uninsured):  

	<u>Year</u>	<u>No. of Losses</u>	<u>Paid Amount</u>	<u>Open Amount</u>	<u>Total Incurred</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

If any losses, attach separate sheet showing full details.

If no claims, check here: \_\_\_\_\_



13. Has any Insurer ever cancelled or declined to provide this type of insurance for the applicant?

No \_\_\_\_\_ Yes \_\_\_\_\_

If **Yes**, please provide details:

\_\_\_\_\_

14. Name of current insurers: \_\_\_\_\_

15. Target/current deductibles or pricing: \_\_\_\_\_

\_\_\_\_\_

16. Any additional remarks or information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant or Authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_