



**STOCK THRU-PUT APPLICATION FORM**

\*\*This Application Form must be completed by the Proposed Insured.

**1. INSUREDS NAME & MAILING ADDRESS:**

<b>Applicant's Company Name:</b>	
----------------------------------	--

<b>Applicant's Mailing Address:</b>	
	<b>Zip:</b>

**2. BUSINESS ESTABLISHED:**

<b>Year Business Established:</b>	
-----------------------------------	--

**3. DESCRIPTION OF INSUREDS BUSINESS OPERATIONS**

<b>Business Activities:</b>	
-----------------------------	--

**4. ANNUAL SALES:**

<b>Current Sales:</b>	\$
<b>Estimated Sales: (next 12 months)</b>	\$

**5. STOCK VALUES (Please state combined Inventory and raw material values per location):**

<b>Location 1:</b>	<b>Max Value: \$</b>	<b>Average Value: \$</b>
<b>Location 2:</b>	<b>Max Value: \$</b>	<b>Average Value: \$</b>

\*\*Please attach separate schedule for additional locations.



**6. INSURED LOCATIONS (full address including zip/post codes):**

<b>Location 1 Address:</b>	
	<b>Zip:</b>

<b>Location 2 Address:</b>	
	<b>Zip:</b>

\*\*Please attach separate schedule for additional locations.

**7. INCOMING TRANSIT INFORMATION (Estimated Annual INCOMING Shipments next 12 months):**

<b>a)</b>	<b>Estimated Annual Value of Domestic Purchases:</b>	\$ _____
<b>b)</b>	<b>Estimated Annual Value of Overseas Imports:</b>	\$ _____
<b>c)</b>	<b>Which countries do you Import from:</b>	_____
<b>d)</b>	<b>When do you take ownership of incoming Raw Materials &amp;/or Inventory:</b>	_____
<b>e)</b>	<b>Are you responsible for insuring incoming shipments:</b>	Yes _____ No _____
<b>f)</b>	<b>Basis of Valuation of Goods Imported:</b>	Cost Price: Yes _____ No _____ Selling Price: Yes _____ No _____ Other (please specify: _____



**OUTGOING TRANSIT INFORMATION (Estimated Annual OUTGOING Shipments next 12 months):**

a)	Estimated Annual Value of Domestic Distribution:	\$
b)	Estimated Annual Value of Overseas Exports:	\$
c)	Which countries do you Export to:	
d)	At what point does your ownership of goods cease and your responsibility to insure ends:	
e)	Basis of Valuation of Goods Exported:	Cost Price:    Yes _____    No _____ Selling Price:    Yes _____    No _____ Other (please specify:

**8. MAXIMUM AND AVERAGE VALUES IN TRANSIT (Any One Conveyance):**

Sea:	Maximum: \$	Average: \$
Air:	Maximum: \$	Average: \$
Train:	Maximum: \$	Average: \$
Truck:	Maximum: \$	Average: \$

**9. ARE OWNED VEHICLES USED FOR ANY INLAND (SHIPMENTS) TRANSITS:**

Yes _____ No _____
--------------------



**10: ARE THIRD PARTY COMMON CARRIERS USED:**

Yes _____ No _____
--------------------

<b>If Yes, please identify the most commonly used:</b>	
--	--

**11. DO YOU REQUIRE CONTINGENT TRANSIT COVERAGE FOR ANY GOODS SHIPPED BY COMMON CARRIER (See Note below):**

Yes _____ No _____
--------------------

**Note:** You may want to consider cover if you still have ownership of goods being shipped by common carriers. Common Carriers generally purchase a “Motor Truck Cargo” Insurance Policy which may cover your goods while in their care, custody and control. Most Common Carriers however only carry a \$100,000 maximum limit any one conveyance which may not be adequate in the event of loss or damage to your goods.

**12. PLEASE DESCRIBE THE PACKAGING NORMALLY ADOPTED DURING TRANSIT:**

<b>Please provide packaging details:</b>	
--	--

**13: PLEASE PROVIDE CONSTRUCTION DETAILS AND AGE OF ALL BUILDINGS WHERE GOODS ARE STORED. (Acord Forms accepted)**

<b>Construction details and age of all buildings:</b>	<b>Location 1:</b>  <b>Location 2:</b>
---	--

\*\*Please attach separate schedule for additional locations.



**14: PLEASE PROVIDE DETAILS OF PHYSICAL PROTECTIONS (FIRE & THEFT) AT EACH LOCATION. (Acord Forms accepted)**

Physical Protections:	Location 1:
	Location 2:

\*\*Please attach separate schedule for additional locations.

**15: WHO ARE YOUR CURRENT INSURERS:**

Current Insurers:
-------------------

**16: WHEN IS YOUR CURRENT POLICY DUE FOR RENEWAL:**

Renewal Date of Current Policy:	Day:	Month:	Year:
---------------------------------	------	--------	-------

**17: WHAT IS YOUR CURRENT PREMIUM AND WHAT ARE YOUR CURRENT DEDUCTIBLES:**

Current Premium:	\$	
Current Deductibles:	Stock (Inventory): \$	Transits: \$

**18: HAVE YOU HAD ANY CLAIMS IN THE LAST 5 YEARS:**

Yes _____ No _____
--------------------

If yes, please provide details of circumstances, dates of loss and amounts paid &/or outstanding:

Claim Details:
----------------



Should there not be enough room on this application form to fully enter the details required, please continue on a separate sheet of paper and attach to this application form.

**IT IS THE DUTY OF THE INSURED AND THE INSURED'S AGENT TO DISCLOSE ALL MATERIAL FACTS TO UNDERWRITERS BEFORE THE CONTRACT OF INSURANCE IS CONCLUDED AND ANY FAILURE TO DO SO MAY VOID THE INSURANCE CONTRACT. COMPLETION OF THIS QUESTIONNAIRE DOES NOT RELIEVE THE INSURED AND THEIR AGENTS OF THIS DUTY AND IT IS ESSENTIAL THAT ALL MATERIAL FACTS WHICH ARE NOT INCLUDED WITHIN THE ANSWERS TO THE QUESTIONS POSED HEREIN ARE DISCLOSED TO UNDERWRITERS IN ADDITION.**

**I (THE APPLICANT) DECLARE THAT THE ATTACHED PARTICULARS AND ANSWERS ARE TRUE, CORRECT AND COMPLETE IN EVERY RESPECT TO MY KNOWLEDGE AND BELIEF. I AGREE THAT THIS APPLICATION AND DECLARATION SHALL FORM THE BASIS OF INSURANCE BETWEEN ME AND THE UNDERWRITERS IF A POLICY IS ISSUED.**

**Name and Position:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_