THE HARTFORD OCEAN MARINE CARGO APPLICATION

APPLICANT INFORMATION

Effective Date: Expiration Date:

Named Insured:

Mailing Address:

Web Address: Telephone:

Inspection Contact: Number of Years in Business:

Description of Business:

Have any of the named insured's policies or coverages been declined, cancelled, or non-renewed in the last three years? ☐ Yes ☐ No

If **yes**, please explain:

Current insurer and number of years with company:

Reason for marketing:

Agent/Broker:

Address:

Does agency currently represent this client: ☐ Yes ☐ No

COMMODITIES

Description of goods shipped:

What is the average mark up (profit) on goods?

Who is responsible for packaging the goods? ☐ Insured ☐ Freight Forwarder ☐ Consolidator

Type of Packing: ☐ Wood Crates ☐ Shrink-wrapped ☐ Palletized ☐ Paper Cartons ☐ Drums ☐ Containerized ☐ Other:

Geographic Scope: ☐ Imports ☐ Exports ☐ World to World ☐ Other (specify):

Gross Company Sales:

Total Sales:	Foreign Sales:	Domestic Sales:

INTERNATIONAL TRANSIT

COUNTRY OF ORIGIN	COUNTRY OF DESTINATION	MAXIMUM LIMIT PER SHIPMENT	AVERAGE VALUES EXPOSED PER SHIPMENT

APPROXIMATE NUMBER OF SHIPMENTS ANNUALLY	ESTIMATED VALUE OF GOODS SHIPPED ANNUALLY (Avg. Values X Number of Shipments)	% OCEAN	% AIR

Please indicate the terms of sale the insured uses (FOB, FAS, etc.):

Limit of Insurance Requested:

PER OCCURRENCE LIMIT	PER VESSEL LIMIT	AIR LIMIT	BARGE LIMIT	MAIL/PARCEL POST LIMIT (only applicable for United States Postal Service)
$	$	$	$	$

Terms:

☐ All Risks ☐ Free of Particular Average ☐ Other Terms:

Deductible Desired: $ or Percentage: %

Valuation:

☐ Invoice Cost + Insurance + Freight (CIF) + 10% Advance ☐ CIF + Other ☐ % Advance Selling Price

Other Valuation: Current Valuation on Policy?

Additional Coverages to be Quoted:

☐ Exhibitions Limit: $ Number of Exhibitions Anticipated:

☐ Installation Limit: $ Number of Installations Anticipated:

☐ Salespersons Samples Limit: $ Number of Salespersons:

INLAND TRANSIT

Domestic transit coverage required (within U.S., Canada)? ☐ Yes ☐ No

MAXIMUM LIMIT PER SHIPMENT	AVERAGE VALUES EXPOSED PER SHIPMENT	APPROXIMATE NUMBER OF SHIPMENTS ANNUALLY	ESTIMATED VALUE OF GOODS SHIPPED ANNUALLY (Avg. Values X Number of Shipments)	% TRUCK	% AIR	% RAIL

Inland transit limit requested: (Truck/Rail/Air): $

Are the commodities the same as those indicated above? ☐ Yes ☐ No

Does the insured use: ☐ UPS ☐ Fed Ex ☐ DHL ☐ Primary Contract Carrier

How much do you declare to the carrier?

How much is the carrier accepting liability for?

ADDITIONAL EXPOSURES

Mexico: Does the insured transport goods within, to, or from Mexico? ☐ Yes ☐ No

If **yes**, please provide details surrounding theft prevention:

Foreign domestic transit: Does the insured transport goods between two places in the same foreign country? (Example: Rome to Venice) ☐ Yes ☐ No

Break bulk: Does the insured ship goods outside of an intermodal container or trailer? ☐ Yes ☐ No

Does the insured ship goods to nations of Africa? ☐ Yes ☐ No If **yes**, please provide details:

Do any of the commodities require refrigeration or control of temperature? (Mechanical Breakdown) ☐ Yes ☐ No

If **yes**, please provide the percentage of shipments that require temperature control and required temperature range.

WAREHOUSE/STOCK/PROCESSING

Warehouse, stock, processing exposure required? ☐ Yes ☐ No

For each named location, provide the following information (if more than one, please attach an SOV):

Location Name:

Street:

City: State: Postal Code: Country:

Limit Requested: $

Maximum Value: $ Average Value: $

Valuation Requested: Deductible: $

Commodities Stored:

Do you own or operate this facility? ☐ Yes ☐ No Is it a public warehouse? ☐ Yes ☐ No

Are there operations other than storage at this location? ☐ Yes ☐ No

If **yes**, please describe:

What type of processing is conducted at this location?

Building Construction:

Year Built: Number of Floors:

Are there fire hydrants on the premises or within 500 feet (150 meters)? ☐ Yes ☐ No

Does the location have the following private protection?

• Automatic sprinkler system? ☐ Yes ☐ No With an alarm to a central monitoring facility? ☐ Yes ☐ No

• Smoke detectors? ☐ Yes ☐ No With an alarm to a central monitoring facility? ☐ Yes ☐ No

• Watchmen during all non-working hours? ☐ Yes ☐ No

• Burglar alarm? ☐ Yes ☐ No With an alarm to a central monitoring facility? ☐ Yes ☐ No

Are there goods stored outside? ☐ Yes ☐ No Estimated percentage?

Is the premises fenced and secured? ☐ Yes ☐ No

Is there any history of flooding? ☐ Yes ☐ No If **yes**, how recently?

Do the goods stored require temperature control? ☐ Yes ☐ No

If **yes**, please describe the temperature control system(s) including back-up systems, monitoring systems and alarms:

Additional information or special coverage required:

Unscheduled warehouse limit request:

LOSS EXPERIENCE (Please attach 5-year hard copy loss runs)

POLICY YEAR	NUMBER OF LOSSES	TOTAL LOSSES FOR YEAR	CAUSE(S) OF LOSS

FRAUD WARNING STATEMENTS

COUNTRYWIDE FRAUD STATEMENTS

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING

UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: WARNING IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature: Title:

Print Name: Date:

Producer's Signature: Title:

Print Name: Date:

License Identification Number or National Producer Number:

(Florida Producers must Provide License Identification Number)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

THE HARTFORD

Business Insurance
Employee Benefits
Auto
Home

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