

## Smart shippers ship with CargoCare<sup>®</sup>

| <b>CARGO INSURANCE APPLICATION</b>   |                               |                  |                       |              |  |
|--|-------------------------------|------------------|-----------------------|--------------|--|
| <i>Owner of the goods being shipped (hereinafter called the Assured)</i>   |                               |                  |                       |              |  |
| Name   |                               |                  |                       |              |  |
| Address line 1   |                               |                  |                       |              |  |
| Address line 2   |                               |                  |                       |              |  |
| Address line 3 (City, State/Province, etc.)  |                               |                  |                       |              |  |
| Telephone:   |                               | Fax:             |                       | eMail:       |  |
| 1a) Value of shipment <i>without</i> Shipping Charges  |                               |                  |                       |              |  |
| 1b) Cost of freight (Shipping charges)\$   |                               |                  |                       |              |  |
| 1c) Total of above \$  |                               |                  |                       |              |  |
| 2a) Name of Shipping Line:   |                               |                  |                       |              |  |
| 2b) Name of Vessel:  |                               |                  |                       |              |  |
| 3) Goods shipped from (Port or Place):   |                               |                  |                       |              |  |
| 4) Goods shipped to (Port or Place):   |                               |                  |                       |              |  |
| 5) Description of goods:   |                               |                  |                       |              |  |
| If household goods &/or Personal effects please provide an itemized list and values per item   |                               |                  |                       |              |  |
| 6) Loss, if any payable to (show lienholder if any)  |                               |                  |                       |              |  |
| 7) Goods packed (Check):   | Containerized                 | On or under deck | Shrink wrapped        |              |  |
| 8) Coverage requested (Check):   | <b>All Risk (recommended)</b> |                  | FPA (not recommended) |              |  |
| 9) Date of shipment or loading:  |                               |                  |                       |              |  |
| 10) Length of voyage in days (approximately):  |                               |                  |                       |              |  |
| I/we, as the duly authorized representative of the Assured and having full and complete knowledge of the facts herein do hereby request a quotation for insurance on the cargo completely and accurately described above. I/we understand Underwriters will rely on the accuracy and truthfulness of this request when issuing any quotation and this application shall be a basis for and form part of any insurance issued. I/we also understand no coverage is in force until confirmed in writing. |                               |                  |                       |              |  |
| Authorized signature and date:   | X                             |                  |                       | Date signed: |  |

## CargoCare<sup>®</sup>