

Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 625 President-Kennedy Avenue, Suite 903 Montreal, QC H3A 1K2
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

APPLICATION – MARINE CARGO

Name of Applicant: _____

Address of Applicant: Street _____
(Mailing address) City _____
Province _____ Postal code _____

Include Applicant's Website and/or email (if applicable): _____

1. TYPE OF BUSINESS: _____

2. LIST THE PRODUCTS BEING SHIPPED:

3. ARE PRODUCTS:

New Used Both

4. ARE PRODUCTS BEING SHIPPED:

Full container loads Less than a container load Open top Flat rack
 Break Bulk Bulk Reefer Other: _____

5. ARE THE PRODUCTS PROFESSIONALLY PACKED?

Yes No If No, who is doing the packing? _____

6. ARE THERE MARKS OR NUMBERS ON CARTONS?

Yes No If Yes, please describe _____

7. GEOGRAPHICAL LIMITS:

Percentage of Import shipments: _____% Percentage of export shipments: _____%

GOODS SHIPPED PER	LIMITS REQUIRED	ESTIMATED ANNUAL VOLUME	AVERAGE VALUES PER SHIPMENT
Vessel			
Aircraft			
Rail			
Truck			
Owned Vehicles			

8. VALUATION OF CARGO:

Invoice + Freight + 10% _____

Other (describe) _____

9. DOES THE APPLICANT REQUIRE COVERAGE FOR WAREHOUSE STORAGE THAT IS NOT IN THE NORMAL COURSE OF TRANSIT? Yes No

10. PREVIOUS INSURANCE:

CARRIER	POLICY NO	EXPIRY DATE	EXPIRING PREMIUM	EXPIRING LIMIT
			\$	\$
			\$	\$
			\$	\$
			\$	\$

11. HAS COVER BEEN CANCELLED OR DECLINED IN THE PAST?

Yes No If Yes, please explain.

12. PREMIUM AND LOSS HISTORY FOR THE LAST 5 YEARS

YEAR	PREMIUM PAID	LOSSES PAID	LOSSES OUTSTANDING	DETAILS

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____

English Text Clause

The Insured declares and covenants with the Insurer that the policy of insurance has been drawn in the English language and to enable these coverages to be underwritten by the markets offering the requisite facilities, and to permit usage of the necessary clauses in the language of customary issuance and interpretation thereby to avoid confusion, misinterpretation and/or disparity of coverage, as could otherwise be detrimental to his interest.

Contrat en anglais

L'Assuré déclare avoir convenu avec l'Assureur que le contrat d'assurance soit rédigé en anglais pour que les garanties requises puissent être souscrites auprès des marchés qui les offrent et que les clauses nécessaires soient dans la langue usuelle de l'émission et de l'interprétation des contrats, afin d'éviter la confusion, les erreurs d'interprétation et/ou les divergences dans les garanties, ce qui pourrait être préjudiciable à ses intérêts.



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