

CARGO APPLICATION - - (INTERNET SYSTEM)

INSTRUCTIONS

Please complete the two pages of this application. Type your information into the form, print the form, sign it, date it and fax it back. **Leave NO blanks.** Place something in each field, either a "zero" or "N/A." **An incomplete application is treated as NO application.** Email to bob.pearson@allcovered.net

Underwriters will review your Application and assign a User-ID and Password. You will then receive complete instructions and information on how to use the system 24 / 7 / 365.

CONTACT INFORMATION

Name of Assured			
Contact Person			
Contact's Email			
Contact Mobile#		Birthday (date/month)	of
Address of Assured			
City			
State/Province		Country	Zip/Post Code
Office Tele #		Office Fax #	
Email (Email address all insurance Invoices, Statements, etc. will be sent)			
Website Adresse			
Internet Messenger Contact Information	ICQ ID #		
	MSN ID		
	Yahoo ID		
	SKYPE		
Year of Formation		<input type="checkbox"/> Privately Owned	<input type="checkbox"/> Publicly Owned
		<input type="checkbox"/> State Owned	

Association Membership	<input type="checkbox"/> WCA Family Networks	<input type="checkbox"/> Worldwide Projects	<input type="checkbox"/> Security Cargo Network
	<input type="checkbox"/> Globalink Network	<input type="checkbox"/> AON-GPLN-GEN	<input type="checkbox"/> World Logistics Network
	<input type="checkbox"/> Multimodal Transport:	<input type="checkbox"/> WWPC Network	<input type="checkbox"/> Freight Intl. Group:
	<input type="checkbox"/> Other		<input type="checkbox"/> Universal Freight Organization

Estimated Annual Turnover (Gross Revenue) in US Dollars	Last Year:	\$
	This Year (projected):	\$
Estimated Number of Shipments Insured	Last Year:	
	This Year (projected):	
Estimated Total Value of Shipments Insured Last Year:		\$

CARGO YOU HANDLE, MOVE, OR INSURE

Annual Percentage (%) Breakdown of Shipments (Must Add Up to 100%)

Type of Goods	Examples	
Approved Goods & General Merchandise	Textiles; Machinery NOT prone to breakage; Non-Fragile Medical Equipment; Parts & Spares; Hardware; Flat-Pack Furniture; Foodstuffs in cartons, tins, jars; Chemicals in drums, sacks or bags; Printed Matter; Pharmaceuticals; Dried Foodstuffs in bags	%
Appliances, Brand Name Goods, Beverages, Electronics & Precision Instruments	Household Appliances; Cosmetics; Sporting Goods; Leather goods; Domestic Electrical Appliances; Machinery Prone to Breakage such as copiers, medical testing equipment, Knitting Machinery, etc.	%
Computers, Computer Parts, etc.	Desktop computers and equipment (NOTE: Notebook computers, chips, etc. must be approved by Underwriters each shipment).	%
Fragile Goods	Domestic Glass; Chinaware; Earthenware in waterproof cartons or crates; Cathode Ray Tubes; Bulbs; Furniture with Glass	%
Household Goods & Personal Effects	Professionally Packed (Owner-Packed can be insured with Exclusions)	%
Automobiles & Motorbikes	Private & Personal Motor Vehicles	%
Other: (EXPLAIN)		%

NOTE: Mobile Phones, Notebook Computers, Yachts, Frozen Foods/Meats, Perishables & Other Goods May Be Agreed Upon Request

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PREMIUM / LOSS HISTORY for last Five Years in US Dollars

Year	Insurance Company	Gross Premium	Paid Losses	Outstanding Losses
This Year (to date)		\$	\$	\$
Last Year		\$	\$	\$
2 Years Ago		\$	\$	\$
3 Years Ago		\$	\$	\$
4 Years Ago		\$	\$	\$
Have you had any losses in excess of US\$ 100,000 in any of the last five years? (If "YES," explain on a separate sheet)			<input type="checkbox"/> NO	<input type="checkbox"/> YES

Anticipated Attachment Date: _____
(When you need insurance to begin)

SHIPMENTS

Principle Voyages (Most shipments you insure go from where to where)

FROM: _____
TO: _____

- Your Activities:** (CHECK ALL THAT APPLY)
- | | | |
|--|---|--|
| <input type="checkbox"/> Air Freight Forwarding | <input type="checkbox"/> Ocean Freight Forwarding | <input type="checkbox"/> Heavy Lift |
| <input type="checkbox"/> Dangerous / Hazardous Goods | <input type="checkbox"/> Customs Brokerage | <input type="checkbox"/> NVOCC |
| <input type="checkbox"/> Consolidation / Deconsolidation | <input type="checkbox"/> Perishables | <input type="checkbox"/> Project Cargo |
| <input type="checkbox"/> Pick Up / Delivery Services | <input type="checkbox"/> Warehousing | <input type="checkbox"/> Other: _____ |

	Maximum Value	Average Value
Values of any one Shipment	By Sea \$	\$
	By Air \$	\$
	By Land \$	\$
	Any One Location \$	\$

Percentages of Cargo Shipped By	Full Container Loads	%
	Less than Container Loads	%
	Breakbulk	%

Percentage of Methods of Shipment By	Sea	%
	Air	%
	Land	%

Any Other Relevant Information _____

I confirm that this form has been completed accurately and that all material information has been given.
The applicant(s) declares and warrants that the above statements and representations are true and correct and that no facts have been suppressed or misstated. Incorrect information may void the contract. Any insurance contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.
The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance.

Applicant's Signature _____

Title _____	Date _____
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Application Forms for other coverages, Research & Reference Material and much more at:
<http://www.allcovered.net> -- *We have logistics allcovered*

