



CARGO INSURANCE APPLICATION

#20 - 601 West Cordova Street Vancouver, B.C. V6B 1G1
ph. 604-261-9200 fax. 604-484-2311 info@dolphininsurance.com

Name of Insured: _____

Address: _____

Nature of Business: _____

Number of Years In Business: _____

Other related experience: _____

Description of Products Being Shipped new used both

Nature of Packing:

Are individual items packed in: cartons crates drums other

If other, please describe _____

Are goods containerized? yes no

If yes, are containers full consolidated reefer

Are items professionally packed? yes no - if no, who did the packing?

Description of Voyage:

Point of Origin Destination Approximate % of Total

Mode of Transportation:

Sea Air Rail Truck Combination

If combination, please describe _____

Are there any transshipments? Yes No

If yes, where? _____



Values and Limits of Liability:

What is the anticipated annual volume?

Sea \$ _____ Air \$ _____ Truck \$ _____ Rail \$ _____

What is the maximum value per shipment?

Sea \$ _____ Air \$ _____ Truck \$ _____ Rail \$ _____

What is the average value per shipment?

Sea \$ _____ Air \$ _____ Truck \$ _____ Rail _____

Limit of Liability required:

Sea \$ _____ Air \$ _____ Truck \$ _____ Rail \$ _____

Loss Experience: Have you had any losses or claims?

Yes No

If yes, please complete the following:

	Date of Loss	Cause	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Additional Information:

INSURANCE REQUIRED from: _____

LOSS PAYEE: _____

Address: _____

PREVIOUS INSURERS: _____

The above information is warranted by the applicant to be true and complete in all respects as a basis on which insurance may be granted, but in no manner requires the applicant to accept any quotation nor binds any insurers to the risk.

AGENT/BROKER: _____

SIGNATURE OF APPLICANT: _____

DATE: _____