



Application form CARGO

Policy Holder's Information

Company Name:	
Contact Name:	
Company Address:	
City:	
State / Province:	
Country:	
Zip / Postal Code:	
Phone:	
Fax:	
E-Mail Address:	
Billing E-Mail Address:	
Website Address, if any:	
Year of Formation:	
Nature of Business:	<input type="checkbox"/> Exporter <input type="checkbox"/> Importer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other
If Other, please advise:	
Company Ownership:	<input type="checkbox"/> Privately owned <input type="checkbox"/> Public owned <input type="checkbox"/> State owned
Currency: (other currencies available on application)	<input type="checkbox"/> US dollars <input type="checkbox"/> Euro <input type="checkbox"/> Canadian dollars <input type="checkbox"/> UK Pound Sterling

Estimated annual insured shipment values in your chosen currency:

Last Year:	
This Year:	
Estimated Annual Premium Income:	

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Annual Percentage (%) Breakdown of Shipments	%
General merchandise and machinery that is not specifically subject to breakage.:	
Electronic and precision instruments.:	
Consumer electronic goods.:	
Wearing apparel and fabrics and non-electrical consumer goods.:	
Cigarettes, cigars and alcoholic beverages.:	
Food products in tins and bottles and the like.:	
Bagged foodstuffs.:	
Frozen foods other than frozen meat.:	
Frozen meat.:	
New motor cars / buses and the like.:	
Steel sheet / coils / reinforcing bars and the like.:	
Fragiles, glass, china, earthenware and the like.:	

Annual Percentage (%) Breakdown of Shipments (continued)	
Please provide further information of the actual cargo being shipped:	
Do you have any Specific Projects not included in the above list or requiring special consideration?	

Premium / Loss History (In USD)			
Year	Gross Premium	Paid Losses	Outstanding Losses
2012			
2011			
2010			
2009			
2008			
Please provide details of large losses (if any):			
The above figures are based on the majority of interests shipped being as detailed in the application form and the record reflects the same conditions as being requested herein. If otherwise please provide details above.			



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Please indicate the percentage of Special Projects:

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Special Projects are defined as any goods / cargo that cannot be classed in the above categories of interest. Special Projects will be underwritten manually.

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Application Form

Anticipated Attachment Date:

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Principal Voyages / Conveyances:

From & To:
(Please provide details and % split of total values shipped:)

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Maximum Value any one shipment in USD:

By Sea:

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By Air:

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By Land:

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Any one unnamed location within the normal course of transit:

	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please provide details)
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Are Named Locations Required?

	<input type="checkbox"/> No <input type="checkbox"/> Yes, (If you select 'Yes' please proceed to complete the Storage questionnaire.)
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Percentage of total cargoes handled:

By Full Container Loads (FCL):

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By Less Container Loads (LCL):

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By Breakbulk:

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Please provide full packaging details of all cargo being shipped &/or in storage. Please include details of carrier if known:

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Percentage of Methods of Shipment:

By Sea:

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By Air:

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By Land:

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Any other relevant information or material facts:
(Please include details of current insurers, target rates, current deductibles, etc.)

I agree that to the best of my knowledge, belief the information provided in connection with this proposal/application form is true, and I have not withheld any material facts. I understand that non-disclosure or mis-representation of a material fact may entitle Underwriters to void the insurance. (A material fact is one, which is likely to influence acceptance or assessment of this proposal by Underwriters).

Name

Signature

Date



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