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Logistics Company Marine/Inland Marine Liability Application

General Information

Applicant:			
Address:			
Phone:	Fax:	Email:	
Website:			
List all additional names and locations of related companies for which coverage is sought:			
Business type (Corporation: LLC: Partnership or LLP; Sole Proprietorship; other):			Year Established:
If in business less than 2 years, provide the following for company owners, officers or partners:			
Name:	Title:	Years experienced:	When joined organization:

Part A - Shipper's Interest

Total annual value of shipments (import & export):	Last 12 months: \$	Anticipated: \$			
Percentage insured by applicant: %					
Commodity:	From:	To:	Approx. Annual Volume: \$	% Air:	% Ocean:
Percentage of ocean shipments containerized: %			Are goods consolidated with cargo of others in containers?		
Where is container normally unpacked (discharge port, consignee's warehouse, other):					



Locations and limits required for merchandise temporarily removed from the normal course of transit:		
Location, Name and Full Address:	Limit: \$	Purpose (e.g. temporary warehousing, consolidation, assembly, etc.)
If a marine cargo policy is currently in effect, it is not necessary to answer the below questions, provided you supply us with the following:		
a) a complete copy of the policy and rate schedule;		
b) a statement of the premiums and losses (including principle cause) paid for each of the last 5 years. Please note the insuring conditions and, if a deductible was applicable to the losses, state whether the amounts include or exclude the deductible amount;		
c) a statement describing any changes or additions you would like to have made.		

Type of goods or merchandise to be insured (describe as fully as possible):	
Average value per shipment: \$	The usual valuation clause in an open policy is as follows: "valued, premium included, at amount of invoice, including all charges in the invoice, and including prepaid and/or advanced and/or guaranteed freight, if any, plus %10" If the above does not meet your requirements, please advise the formula requested.
Maximum value per shipment:	
a) Ocean vessel: \$	
b) Ocean vessel (on deck): \$	
c) Barge: \$	
d) Aircraft: \$	
e) Mail or parcel delivery (FedEx, etc.): \$	

In the past 5 years, has your marine cargo policy been cancelled by an insurance company:

No Yes

If Yes, Reason:

Please complete the following for the prior 5 years:

Year:	Marine Premium: \$	Losses Paid & O/S: \$	Main Cause of Losses:

Additional Comments:



Total annual value of shipments by land or air within/between USA and/or Canada:	
Last 12 Months: \$	Anticipated: \$
Total annual value of shipments by land only within/between foreign countries:	
Last 12 Months: \$	Anticipated: \$
Percentage insured by applicant: %	
Average value per inland transit shipment: \$	
Maximum value per inland transit shipment:	
Truck (common carrier): \$	
Truck (owned vehicles): \$	
Rail: \$	
Air: \$	
Mail or parcel delivery (FedEx, etc.): \$	

Part B - Transportation Liability

Please provide copies of the following (check if included).	
<input type="checkbox"/>	Corporate brochure
<input type="checkbox"/>	Sample of your invoice (front and back)
<input type="checkbox"/>	Your terms and conditions of service for each country in which you operate (if applicable)
<input type="checkbox"/>	Any other document addressing your liability for damages in the event of a claim or lawsuit.
Does the front of your invoice reference, in bold type, the terms and conditions of service which appear on the reverse side of your invoice?	
Do you complete the venue clause at the end of the terms and conditions of service?	
Are employees encouraged to participate in continuing education courses?	
Do you conduct loss prevention seminars for your employees?	
Do you secure certificates of insurance and evidence of licensing from truckers, warehousemen, etc.?	
If applying for coverage for physical loss or damage to your customer's cargo shipped under your house, air, ocean and/or surface bill of lading, attach a copy of all house bills issued by your company(ies) and answer the following:	

NVOCC/Consolidator - Principal.					
Estimate the total number of annual movements under your house bills of lading:					
TEU's:		FEU's:		LCL's:	

Air Freight Forward/Consolidator - Principal.	
Estimate the total number of annual movements under your house air waybill (HAWB).	
Total tons moved:	
Percentage of annual activity shipped on a full value declared basis under your HAWB: %	
Percentage of annual activity for domestic only: %	



Domestic Forwarder/Consolidator (rail/truck) - Principal.
Estimate the total number of annual movements under your house surface bill of lading:
Annual trailers moved:
Percentage of annual activity shipped on a full value declared basis under your house surface bill of lading: %

Percentage of traffic your bill of lading is issued:	
Port to Port: %	Door to Door: %

List all bill of lading claims/losses for previous 5 years or attach loss runs:		
Date:	Description:	Amount: \$

List bill of lading liability insurance policies carried during past 3 years. If none, so state.				
Company:	Limit: \$	Deductible: \$	Premium: \$	Expiration Date:

Has any application or cover for this type of insurance ever been declined or cancelled, or has renewal been refused?	
If yes, please provide explanation:	
What is the requested limit of liability for each accident/incident/occurrence? \$	
What is the requested deductible? \$	
Total annual receipts: Last 12 months: \$	Anticipated: \$

Applicant:	Title:	Date:
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