



[Specialties]

STOCK THROUGH-PUT INVENTORY APPLICATION

STOCK THROUGH - PUT INVENTORY APPLICATION

PART 1 GENERAL INFORMATION

Broker:

Broker Phone:

Broker Contact:

Broker Email:

Name of Applicant(s):

Subsidiaries:

Mailing Address:

City:

Province:

Postal Code:

Telephone No.:

Email:

Website:

PART 2 COMPANY OPERATIONS

Description of Operations:

Description of subject matter to be insured:

Total anticipated annual sales revenue: \$

Annual sales revenue for prior (3-5) years: \$

INBOUND GOODS/ FREIGHT

Total annual **inbound** shipment values for which the Insured is responsible to insure (i.e. shipped at insured's risk of loss):

	SOURCE	VALUES AT RISK	BASIS OF VALUATION USED	TYPE OF TRANSPORTATION – SHIP, TRAIN, TRUCK, ETC.
1.	CANADA			
2.	USA			
3.	OTHER:			

If the Basis of Valuation and Loss Settlement required under this insurance policy differs from Basis of Valuation shown above, please advise how the figures provided will be affected/ amended in reaching the required Basis of Valuation and Loss Settlement.

--

For international sourced goods/ freight, please provide breakdown (example: % from China, % from Europe, etc.): %

Maximum amount carried any one vessel, aircraft, truck or any one other conveyance: \$

Details of **inbound** packing (example: cased, crated, mftgs export cartons, bulk, bagged then pelletized and shrink wrapped):

--

Is **inbound** cargo containerized? Yes No

If so, please advise whether cargo is stowed as a full container load (FCL) or part container load (LCL) or groupage:

OUTBOUND GOODS/ FREIGHT

Total annual **outbound** shipment values for which the Insured is responsible to insure (i.e. shipped at Insured's risk of loss):

1.	CANADA			
2.	USA			
3.	OTHER:			

If the Basis of Valuation and Loss Settlement required under this insurance policy differs from Basis Valuation shown above, please advise how the figures provided will be affected/ amended in reaching the Basis of Valuation and Loss Settlement.

--

For International destinations, please provide breakdown (e.g. % to China, % to Europe, etc.):

--

Maximum amount carried any one vessel, aircraft, truck or any one other conveyance: \$

Details of **outbound** packing (e.g. cased, crated, mftgs export cartons, bulk, bagged then pelletized and shrink wrapped):

--

Is **outbound** cargo containerized? Yes No

If so, please advise whether cargo is stowed as a full container load (FCL) or part container load (LCL) or groupage:

Please confirm no waiver of subrogation is given to any party involved with the carriage/ handling of the Cargo? Yes No

In respect of Cargo carried in chartered vessels – please advise whether the Assured has instructed the vessel owners or managers to arrange for an entry for their ‘Legal Liability to Cargo’ into a recognized International Group Pool P&I Club:

STOCK & STORAGE:

Please list (including addresses, with Postal Codes/ Zip) the locations where goods are to be held in Stock/ Storage:

Loc 1.

Loc 2.

Loc 3.

Loc 4.

Loc 5.

For all Locations listed above, please provide the following details:

LOC	YEAR BUILT/ CONSTRUCTION	SQUARE FT/ OCCUPANCY	FIRE PROTECTION	SECURITY PROTECTION	CENTRAL MONITORING
1.					
2.					
3.					
4.					
5.					

What is the maximum sum insured required at each location listed above at any one time?

Loc 1. \$

Loc 2. \$

Loc 3. \$

Loc 4. \$

Loc 5. \$

What is the average stock/ storage amount exposed at each location named above at any one time?

Loc 1. \$

Loc 2. \$

Loc 3. \$

Loc 4. \$

Loc 5. \$

When providing amounts for the last 2 questions, do they reflect known increases that will occur over the next 12 months. Please clarify:

When providing figures for the above, please advise:

a) What Basis of Valuation has been used?

b) What Basis of Valuation and Loss Settlement is required?

If the Basis of Valuation in question (b) differs from question (a), please clarify how the maximum stock figures provided will be affected/ changed in reaching the required Basis of Valuation and Loss Settlement accordingly :

Are goods transported by own vehicle or by common carrier (haulers)?

Please provide the maximum amount to be carried per any one vehicle: \$

In respect of carryings by common carriers– are goods carried under a released bill of lading or are any waivers given to such carriers? If so, please provide full details:

If goods are carried in own vehicles, please confirm a 'Loss Prevention' program operates and all delivery personnel are fully conversant with the procedure.

(Full details may be required if Underwriters are to be placed on risk):

PART 3 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current Specialties insurance policy:

Effective Date (MM/DD/YYYY)	Limit	Deductible	Current Premium	Insurer
	\$	\$	\$	

Please provide details of your required Specialties insurance policy:

Effective Date (MM/DD/YYYY)	Limit	Deductible	Target Premium	Insurer
	\$	\$	\$	

PART 4 CLAIMS HISTORY

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: ☐ Yes ☐ No
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: ☐ Yes ☐ No
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____