

INLAND CARGO INSURANCE

APPLICATION

The questions contained in this Application are designed to give the Insurance Company sufficient information regarding your business to offer to you an insurance quotation. It cannot always cover every aspect and it is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions.

If you have insufficient space to answer any questions, please attach a separate sheet.

If you require assistance in completing this Application, Treacy Insurance Brokers Ltd will be pleased to assist you.

Information contained in this Application will be used to obtain insurance quotations on your behalf. It will be released to Insurance Companies and/or other insurance intermediaries such as insurance agents, insurance brokers or Managing General Agents for the purpose of obtaining on your behalf insurance quotations or to other parties as may be required by law.

Treacy Insurance Brokers Ltd confirms that it will maintain the confidentiality of this information while also complying with its obligations under the B.C. Personal Information Protection Act ("PIPA"). By signing this Application you give Treacy Insurance Brokers Ltd permission to release this Application and the information contained herein to the foregoing parties at this time and at any time in the future unless we receive specific written notification from you not to do so.

1. INSURED.

Please include all subsidiaries/divisions whose shipments are to be insured and declared under the Open Policy and attach any informative corporate brochures you may issue.

FULL NAME :

ADDRESS :

Contact:

Position:

Tel #

Fax #

e-mail address :

Web Address :

Years in operation:

Paid-up capital: \$

Present Insurer:

Please attach a Copy of your Corporate Brochures and/or any other informative data on your Company.

2. Are you members of any provincial, national or international organizations? Yes No

If yes, please name any such organizations/associations:

3. Are companies shown above:

a. Common Carriers : Yes ___ No ___ (if yes, attach copy of bill of lading (front and back))

b. Contract Carriers : Yes ___ No ___ (if yes, attach copy of the contract)

c. Owner of Cargo : Yes ___ No ___

d. Other Please give full details _____

4.a. Do any of the Companies to be Insured sub-contract to other parties.

Long term (30 days plus) Yes ____ No ____
Short term Yes ____ No ____

b. Are sub-contractors insured for their cargo liability. Yes ____ No ____ . If Yes, give details of steps taken to ensure that their cargo liability insurance is in force and remains in force.

Please attach details of any Yes answers to the above.

5. Can you accurately record the actual values of the goods you carry. Yes ____ No ____

6. Please provide 5 year information in respect of the following, plus estimate for next year.

YEAR	GROSS RECEIPTS	NUMBER OF LOADS	NUMBER OF CARTONS OR PACKAGES PER LOAD	PERCENTAGE SUB-CONTRACTED
2007				
2008				
2009				
2010				
Estimate 2011				

7. Do you ship any of the following: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewellery and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, non-ferrous metal in scrap and/or ingot form, dangerous or hazardous goods (confirm that all hazardous/dangerous cargoes are packed & shipped in accordance and compliance with all U.N. Regulations for such shipments . Yes _ No _)

8. GOODS TO BE INSURED. List the main type(s) of goods to be insured and the packing:

DESCRIPTION	MAXIMUM		AVERAGE		PERCENTAGE OF TOTAL NUMBER OF LOADS
	Value per load	# cartons per load	Value per load	# cartons per load	
Tobacco					
Cigarettes					
Cigars					
Beer/Wine/Spirits					
Chilled Food					
Frozen Food					
Produce					
Wearing Apparel					
Electrical Equipment					
Computers and Parts					
Stereos, vcr's, t. v's etc					
Heavy Machinery					
Chemicals(wet)					
Chemicals(dry)					

15. CLAIMS RECORD. A five(5) year detailed claims record of individual claims is required. Each claim should show the following information. If you are unsure of your claims record, this information can be obtained from your current Insurer through your present insurance broker. This information should be supplied annually to you by your insurance broker so as to inform you of export claims which could have been settled overseas and which you may not be aware.

(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
DATE OF LOSS	DESCRIPTION OF LOSS	GOODS INVOLVED	TRUCK RAIL OR AIR	IMPORT,EXPORT OR SOLELY WITHIN CANADA	AMOUNT CLAIMED	AMOUNT PAID OR OUTSTANDING
<i>Example :</i> 07/31/04	<i>Truck overturned</i>	<i>30 cartons computer parts</i>	<i>Truck</i>	<i>New York to Vancouver</i>	<i>\$10,000</i>	<i>Outstanding</i>

16. Are over, shortage and damage statistics maintained: Yes ___ No ___ . If Yes, please give totals open and paid for each of the past 5 years:

YEAR	OPEN	PAID
20		
20		
20		
20		
20		

17. PREMIUM RECORD. Please advise a 5 year record of gross premiums paid:

YEAR	GROSS PREMIUM
20	
20	
20	
20	
20	

