Hugh Wood Inc.
www.hughwood.com

Application For Global Transit & Ocean Cargo Insurance

☐ Open Policy ☐ Trip Risk				
A.	**ASSURED DETAILS**			
A1.	Name of the Assured: *(Include names of all subsidiary firms or corporations to be insured)*			
A2.	Contact Person:	Email:		
A4.	Mailing Address:	City:	State:	Zip code:
A5.	Primary Number:	Fax Number:		
A6.	Attachment Date:	Renewal or Expiration Date:		
A7.	Describe Nature of Assured's Business (*Industry*):			
B.	**GOODS TO BE INSURED:**			
B1.	Principal Goods to be Insured:			
B2.	Packing – Describe in Detail:			
B3.	Limits of Liability Necessary: $_____ By any one Vessel $_____ By any one. train $_____ By any on Vessel on Deck $_____ By any one Barge $_____ By any one Aircraft $_____ Registered or Ordinary Parcel Post $_____ By any one Truck			
B4.	**Valuation:** ☐ Amount of Invoice, including chargers, plus ocean freight, plus _____ ☐ Selling Price ☐ Other: _____			
C.	**CONDITIONS**			
C1.	**Insuring Conditions** ☐ All risks ☐ Free of Particular Average ☐ Special Insuring Conditions ☐ Deductible $_____ Describe "Special Insuring Conditions" requested:			
C2.	**Special Conditions** ☐ SR&CC ☐ Domestic Inland Transit ☐ War Risk *(provide annual values shipped and average/maximum value any one shipment)* ☐ FOB/FAS ☐ Foreign Inland Transit ☐ Contingent Interest (*attach list of countries, and annual values shipped, average/maximum value any one shipment*) ☐ Increased Value ☐ Warehouse Coverage ☐ Duty Coverage (*attach list of locations & limits, along with construction, fire and burglary protection information, and* ☐ Other: *inventory values for the last 12 months required for each location*)			
C3.	**Geographical Limits** ☐ U.S. to World ☐ Great Lakes ☐ World to U.S. ☐ Other			

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D.	SHIPMENTS			
E2.	**Values Shipped**	Exports	Imports	Inland Transit, if any
	Next 12 months anticipated:	$	$	$
	Currently ending 12 months:	$	$	$
	Est. avg. value per shipment	$	$	$
D2.	**Principal Countries Shipped (**Indicate % involved**)**			
	Countries	Exports	Imports	Inland Transit, if any
		$	$	$
		$	$	$
		$	$	$
		$	$	$
	All Other:			

E.	INSURANCE HISTORY			
E1.	Name of Present Insurer:			
E2.	Name of Present Broker:			
E3.	**Premium and Loss Experience for the last 5 years (***Attach loss analysis if available***)**			
		Premium (including War)	Paid Losses	Outstanding Losses
	1.			
	2.			
	3.			
	4.			
	5.			
E4.	Describe Principal Kind of Loss (*specify major losses*) Please provide detailed loss runs if available:			
E5.	Describe Countries Involved in Losses:			
	Are losses described net of deductible?		YES ☐	NO ☐
F.	HISTORY			
F1.	Are there any additional material facts affecting any section of the proposed insurance which should be disclosed to the Underwriters? If YES, please give full details:			

DECLARATION

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. Please add or enclose any additional information about the company, insurance program or claims for presentation to Underwriters.

Signature: _____ Date _____

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