

IJU Agency Ltd.

Open Cargo Insurance Form

(Please fill out to the best of your ability.)

Part I: Applicant Information

Name Insured: _____

Address To be Insured (City, State, Zip):

Email: _____ Phone: _____ Fax: _____

Type Of Business (LLC, Sole Proprietorship, Partnership, Corporation): _____

Mailing Address (If Different): _____

Website: _____ DBA: _____

Years In Business: _____ Federal Tax ID #: _____

What Is The Renewal Date Of Your Current Policy (if applicable): _____

What Does Your Business Do: _____

Geographical Limits (U.S. to World, World to U.S., World to World, U.S. to U.S., Intra Country Shipments):

Type Of Packaging (Containerized, % Door to Door, Full, Less Than Full):

Principle Countries To Which Goods Are Exported:

Principle Countries From Which Goods Are Imported: _____

Part II: Limits of Insurance

By Any One Vessel	
By Any One Domestic Conveyance (Air, Truck, Rail)	
By Any One Vessel On Deck	
By Any One Barge	
By Any One Aircraft	
By Parcel Post (U.S. Mail)	
By Any One Owned / Leased Vehicle	
By Any One Package VIA Express Carrier (UPS, FedEx, Etc)	

Part III: Insured Volume

	Exports	Imports	Domestic
Past 12 Months	\$	\$	\$
Estimated Next 12 Months	\$	\$	\$
Estimated Average Value Per Shipment	\$	\$	\$
	Air / Vessel	Air/Vessel	Air/Vessel
Percentage By Conveyance			

Gross Annual Sales: _____

Part IV: Warehousing

Address	Description	Limit	Average
		\$	\$
		\$	\$
		\$	\$

Part V: Insurance History

In the last 3 years have you had any losses? If so, please describe:

Notice

This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.

Prepared By (Print): _____

Signature: _____

Date: _____