

Marine Guard

INTERNATIONAL MARINE INSURANCE

ACCOUNT INFORMATION SHEET

1. Insured's Name.....
2. Address:.....
3. Telephone:.....Fax:.....
4. Number of years in business:.....Contact Person:.....
5. Nature of cargo to be shipped:.....
6. Percentage by Air:.....Percentage by SEA.....
Any portion of shipment new or used:.....
7. Is the merchandise packed by the manufacturer? Or by you
8. Insuring conditions:
 - A. Total loss only:.....All risk:.....
 - B. Warehouse to Warehouse:.....Warehouse to port:.....
 - C. Limit per vessel: 250,000.....500,000.....1,000,000.....
 - D. Limit per container: 250,000.....500,000.....1,000,000.....
9. Origin:.....
10. Port of entry:.....
11. Final destination:.....
12. Name & address of freight forwarders used:.....
13. Name of shipping line / Air line used:.....
14. Requested effective date of open cover:.....
15. Previous losses: Yes.....No.....
16. Estimated annual value to be insured:.....
17. Estimated # of shipments & frequency to be insured:.....
18. Annual premiums paid per year in the last 3 years:.....
19. Choice of deductibles: (per shipment) 250.....500.....1000.....5000.....