



Essex Insurance Company
 4551 Cox Rd., Glen Allen, VA 23060-3383 TELEPHONE: 804/273-1400

**APPLICATION FOR
 OCEAN CARGO INSURANCE** Date: _____

- OPEN POLICY TRIP RISK ONE YEAR TERM POLICY

NAME OF ASSURED (Include names of all subsidiary firms or corporations to be insured)

ADDRESS OF ASSURED

NAME OF AGENT OR BROKER _____

GEOGRAPHICAL LIMITS

- U.S. TO WORLD WORLD TO U.S. WORLD TO WORLD RIVER SHIPMENTS GREAT LAKES
 OTHER: _____

VALUATION

- AMOUNT OF INVOICE, INCLUDING CHARGES, PLUS OCEAN FREIGHT, PLUS _____ %
 OTHER: _____

PRINCIPAL MERCHANDISE TO BE INSURED (enclose pictures or illustrated catalogs, if available)

PACKING - DESCRIBE IN DETAIL (enclose pictures and diagrams of packing, if available)

INSURING CONDITIONS

- ALL RISKS DEDUCTIBLE \$ _____ % FRANCHISE \$ _____ % FREE OF PARTICULAR AVERAGE
 WITH AVERAGE 3% WITH AVERAGE OTHER: _____

SPECIAL CONDITIONS

- WAR RISK CONTINGENT INTEREST DIFFERENCE IN CONDITIONS SR & CC FOB/FAS
 INCREASED VALUE DUTY COVERAGE WAREHOUSE COVERAGE - Attach list of locations
 OTHER: _____

LIMITS OF INSURANCE

- | | |
|--------------------------------------|--|
| \$ _____ BY ONE VESSEL | \$ _____ REGISTERED OR GOVT. INSURED PARCEL POST |
| \$ _____ BY ANY ONE VESSEL ON DECK | |
| \$ _____ BY ANY ONE AIRCRAFT | \$ _____ UNREGISTERED OR ORDINARY PARCEL POST |
| \$ _____ BY ANY ONE TRUCK/R.R. TRAIN | |
| \$ _____ BY ANY ONE BARGE | |