

**APPLICATION FOR
OCEAN MARINE
OCEAN CARGO**

This is not a Binder

**BENCHMARK MANAGEMENT GROUP
&
SPECIALTY LINES UNDERWRITERS**

NAME OF APPLICANT			PRODUCER NAME AND ADDRESS			
ADDRESS - NUMBER AND STREET						
CITY	STATE	ZIP				
PRINCIPAL TRADE/BUSINESS						
NUMBER OF YEARS ENGAGED IN THIS TRADE			EFFECTIVE DATE REQUESTED FOR INSURANCE			
LIST SPECIFIC TYPES OF COMMODITIES TO BE INSURED (PLEASE BE SPECIFIC)						
	COMMODITY	ORIGIN	DESTINATION	ANNUAL VALUE	% AIR	% VESSEL
A					%	%
B					%	%
C					%	%
D					%	%
E					%	%
Total Annual Value Of All Insured Shipments: _____						
COMMENTS						
DESCRIBE THE TYPE/METHOD OF PACKING FOR EACH COMMODITY LISTED ABOVE						
NAME, ADDRESS AND TELEPHONE NUMBER FOR THE ARRANGING OF INSPECTIONS, PACKING AND PRE-SHIPMENT SURVEYS						

SHOULD QUOTATION BE OFFERED WITH DEDUCTIBLE? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ per Bill of Lading			
PLEASE COMPLETE WITH THE LATEST FIVE YEAR INSURANCE EXPERIENCE			
YEAR	MARINE PREMIUM	TOTAL AMOUNT OF ALL LOSSES CLAIMED	INSURING CONDITIONS
COMMENT ON LOSS HISTORY (LARGE LOSS, FREQUENCY OF ONE CAUSE, ETC.)			
HAS YOUR MARINE INSURANCE POLICY EVER BEEN CANCELLED? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, company: If yes, reason:			
GENERAL COMMENTS OR REMARKS (I.E. PRINCIPAL STEAMSHIP LINE OR AIRLINE USED):			
<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (Applicable to New York State only.)</p> <p>Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.</p>			
APPLICANT SIGNATURE		COMPANY TITLE	DATE
PRODUCER SIGNATURE		COMPANY TITLE	DATE