



TO BE EFFECTED WITH _____ INSURANCE COMPANY 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 _____ TELEPHONE _____

NAME OF AGENT OR BROKER _____

ADDRESS OF AGENT OR BROKER _____ TELEPHONE _____

GEOGRAPHICAL LIMITS
 U.S. TO THE 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 I.O.P. OTHER:

SPECIAL CONDITIONS
 WAR RISK CONTINGENT INTEREST DIFFERENCE IN CONDITIONS S/R & CC FOB/FAS
 INCREASED VALUE DUTY COVERAGE WAREHOUSE COVERAGE - Attach list of locations
 OTHER

LIMITS OF INSURANCE
\$ _____ BY ONE VESSEL REGISTERED OR GOVT.
\$ _____ BY ANY ONE VESSEL ON DOC \$ _____ INSURED PARCEL POST
\$ _____ BY ANY ONE AIRCRAFT UNREGISTERED OR
\$ _____ BY ANY ONE TRUCK/R.R. TRAIN \$ _____ ORDINARY PARCEL POST
\$ _____ BY ANY ONE BARGE

DESCRIBE NATURE OF ASSURED'S BUSINESS (Manufacturer, Exporter, Commodity Broker, etc.)

INSURED VOLUME during the last 12 months
ESTIMATED VOLUME to be insured during the next 12 months
ESTIMATED AVERAGE VALUE PER SHIPMENT

EXPORTS	IMPORTS
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

PRINCIPAL COUNTRIES FROM WHICH GOODS ARE EXPORTED (Indicate % involved) PRINCIPAL

COUNTRIES FROM WHICH GOODS ARE IMPORTED (Indicate % involved)

NAME OF PRESENT INSURER

NAME OF PRESENT BROKER

PREMIUM AND LOSS EXPERIENCE FOR THE PAST _____ YRS (attach loss analysis if available)

	EXPORTS	IMPORTS	WAREHOUSE
PREMIUM (Excluding War)	\$ _____	\$ _____	\$ _____
LOSSES PAID AND OUTSTANDING	\$ _____	\$ _____	\$ _____

PRINCIPAL KIND OF LOSS

PRINCIPAL COUNTRIES INVOLVED IN LOSSES

REMARKS (attach extra sheet, if necessary)

FOR AIMA USE ONLY

QUOTED

DECLINED

Reason:

BINDING

Effective Date:

Signature of Underwriter

Date