

**RISK MANAGEMENT INSURANCE BROKERAGE LTD.**  
*ANNUAL MARINE CARGO APPLICATION*

Company:	No. of Years in Business:
	Contact:
Address:	Email:
	Phone:
	Fax:

**GENERAL CARGO INFORMATION**

Type of merchandise to be insured:	Description of Packing:	Trading Terms <input type="checkbox"/> FOB <input type="checkbox"/> CIF	
List any special Projects / customers:	% of containerized shipments:	<input type="checkbox"/> Other _____	
Import Shipments – Principal Points of Origin:	Export Shipments – Principal Points of Destination:		
Values Shipped (Annually) – International: (Please indicate currency used)		Value Shipped – Inland Transit: (Truck / Rail)	
	Import	Export	
Ocean:			Annually      Average Value per Shipment
Air:			Within Hong Kong
Average value per shipment:			Between HK and China
Max value per shipment:			Valuation: <input type="checkbox"/> CIF plus 10%
Express Mail / Parcel Post:			<input type="checkbox"/> Other (Please List) _____

**COVERAGE REQUESTED**

Limits of Liability: (Please indicate currency)  Per Vessel:  Per Aircraft:  Per Truck / Rail:  Express Mail / Parcel Post per package:  Other (Please list):	<b>Indicate Coverage Requested:</b> <input type="checkbox"/> Institute Cargo Clauses (A) <input type="checkbox"/> Institute Cargo Clauses (B) <input type="checkbox"/> Institute Cargo Clauses (C) <input type="checkbox"/> Institute War Clauses (Cargo) <input type="checkbox"/> Institute Strikes Clauses (Cargo) <input type="checkbox"/> Institute Cargo Clauses (Air) <input type="checkbox"/> Institute War Clauses (Air Cargo) <input type="checkbox"/> Institute Strikes Clauses (Air Cargo) <input type="checkbox"/> Land Transportation Clauses (All Risk) <input type="checkbox"/> Seller Interest Clause <input type="checkbox"/> Other _____
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**CURRENT INSURANCE COVERAGE AND LOSS HISTORY**

Name of Current Insurance Company:	Has your Marine Insurance Ever Been Cancelled? Why?
Premium / Loss Record (5 years) – Attach additional Sheet If Required	

**AUTHORIZED SIGNATURE AND COMPANY CHOP**

Signature (Full Name)	Title	Date
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