

Application For Cargo Quote

BROKER INFORMATION

Contact Name _____
Company _____
Street _____
Street2 _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____ WEBSITE _____

ASSURED INFORMATION

Company Name _____
Street _____
Street2 _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____ WEBSITE _____

APPLICATION INFORMATION

Goods Insured _____
Anticipated Effective Date _____
Estimated Annual Gross Sales _____
Nature of Operations _____
Loss History _____
Notes/Comments _____

Valuation Info

[]

(A) Pharmaceutical Products: Valued at replacement cost of raw materials plus labor expended at date and time of loss less any discounts or uninsured expenses. Costs for research and development are specifically excluded.

(B) All other Goods and/or Merchandise: Valued at invoice Value plus freight, or if no invoice, at replacement cost.

OTHER: []

Are your goods subject to spoilage and/or deterioration?

YES NO

Description of product and intended use

Is the product currently approved by the FDA for Sale?

YES NO

IF NOT, please advise stage of development /and or stage of FDA approval

Is the product temperature sensitive during any stage of development

YES NO

If yes, please advise the temperature Range the product must maintain in order not to spoil

°C TO °C

How is the product packaged during each leg of transit?

How many hours protection during each leg of transit?

hours

How is the product transported?

(Contract carriers such as Fed Ex, UPS, courier service of orther) – Include Name of Shippers

Are the shippers provided with detailed Handling instructions?

YES NO

If yes, **please advise**

In which countries are end customer/clinical trials located?

SHIPMENTS

Incoming

Assured Risk	%	_____
Vendor Risk	%	_____
Total Value	\$	_____
Average Value	\$	_____
Maximum Value	\$	_____
Maximum Value Per Shipment	\$	_____
Domestic U.S.	%	_____
Europe	%	_____
Asia Pacific	%	_____
Other	%	_____
Air	%	_____
Truck	%	_____
Vessel	%	_____
Insured's Vehicle	%	_____
UPS/FedEx/Airborne	%	_____
Barge	%	_____
Rail	%	_____

Intercompany

Total Value	\$	_____
Average Value	\$	_____
Maximum Value	\$	_____
Maximum Value Per Shipment	\$	_____
Domestic U.S.	%	_____
Europe	%	_____
Asia Pacific	%	_____
Other	%	_____
Air	%	_____
Truck	%	_____
Vessel	%	_____
Insured's Vehicle	%	_____
UPS/FedEx/Airborne	%	_____
Barge	%	_____
Rail	%	_____

Exhibition

Number Domestic	_____
Number Foreign	_____
Average Value	_____
Maximum Value	_____

Outgoing

Assured Risk	%	_____
Vendor Risk	%	_____
Total Value	\$	_____
Average Value	\$	_____
Maximum Value	\$	_____
Maximum Value Per Shipment	\$	_____
Domestic U.S.	%	_____
Europe	%	_____
Asia Pacific	%	_____
Other	%	_____
Air	%	_____
Truck	%	_____
Vessel	%	_____
Insured's Vehicle	%	_____
UPS/FedEx/Airborne	%	_____
Barge	%	_____
Rail	%	_____

Capital Equipment

Purchase

Assured Risk	%	_____
Foreign Percent	%	_____
Domestic Percent	%	_____
Annual Value	\$	_____
Maximum Value	\$	_____
Average Value	\$	_____

Intercompany

Assured Risk	%	_____
Foreign Percent	%	_____
Domestic Percent	%	_____
Annual Value	\$	_____
Maximum Value	\$	_____
Average Value	\$	_____

Location Information

**For each location, where coverage is desired
in excess of \$500,000. Please complete the following:**

Purpose: Bulk Manufacturer
 Customer / clinical Trials
 Fill/Finish
 Subcontractor Location
 Storage/Distribution
 Other

Location Title: _____

Street: _____

Street2: _____

City: _____

State: _____

Zip: _____

Country: _____

***Limit \$:** _____

Annual Value \$: _____

Maximum Value \$: _____

Average Value \$: _____

Assured Risk %: _____

Other Risk %: _____

Please describe Construction Type: _____

What other nature of operations exist at this location?

Does this location have fire protection? YES NO

If yes, please describe assured's fire protection (e.g. smoke detectors, sprinkler system, central station hookup, and/or thermal barriers):

Does this location have a security system? YES NO

If yes, please describe assured's security (e.g. central alarm installed, close circuit TV, restricted access, gated fence, 24-hour guard watch):

Are areas where goods are located restricted from outside access?]YES]NO

If yes, please describe how this location is restricted:

Does this location have any exposures?]YES]NO

If yes, please describe exposures (e.g. adjacent exposures, is location in a flood, windstorm, or earthquake zone):

Property operated/owned by:]Assembler
]Distributor
]Leased by Assured
]Manufacturer
]Owned by Assured
]Subcontractor

Are goods stored in climate-controlled areas?]YES]NO

If yes, will the alarms notify a central station in event of temperature change?]YES]NO

Are refrigeration/freezer storage units equipped with sprinkler systems and thermal barriers?]YES]NO

Is a maintenance/temperature log book kept for refrigeration/freezer storage?]YES]NO

Is there a disaster contingency plan in effect in the event there is a loss of power, breakdown of refrigeration equipment, etc?]YES]NO