

*This Application is submitted to Travelers Insurance Company of Canada ("TICC") and St. Paul Fire and Marine Insurance Company ("SPFM"). In the event a policy of insurance is issued by TICC, any references to SPFM shall be inapplicable. In the event a policy is issued by SPFM, then (i) any references to TICC shall be inapplicable, and (ii) for purpose of the Insurance Companies Act (Canada), this document is issued in the course of SPFM's insurance business in Canada.*

*Completing this form does not bind the Applicant to complete this insurance, but it is agreed that this form shall be the basis of the contract should a Policy be issued. If any of the questions appearing below are answered falsely or fraudulently, the entire insurance is null and void and all claims thereunder shall be forfeited. Please complete one application for each location separately and attach the following papers.*

1. Name of Applicant		2. Applicant Web Site	
3. Applicant Address (No., Street, City, Province, Postal Code, Country)		4. Telephone No.	
5. Description of operation		6. Principal commodities shipped	
7. How are goods packed for import/export		8. Who performs packing/unpacking	
9. Primary points of origin and primary points of destination:			
<b>Country</b>		<b>%</b>	
_____		_____	
_____		_____	
_____		_____	
10. Estimated %-age of shipments are in door-to-door containers?		11. Proposed attachment date	
12. Valuation			
13. Desired coverage (check all applicable items)			
<input type="checkbox"/> All Risks		<input type="checkbox"/> All Risks w/Deductible \$ _____	
<input type="checkbox"/> Contingency		<input type="checkbox"/> F.O.B./F.A.S	
		<input type="checkbox"/> F.P.A. (only) <input type="checkbox"/> War Risks <input type="checkbox"/> Import Duty	
		<input type="checkbox"/> Other _____	

**INTERNATIONAL TRANSIT**

*Please list annual volume and per shipment limits breakdown below.*

14. Average \$ value per package \$ _____		15. Average \$ value per shipment \$ _____		16. Average \$ value per conveyance \$ _____	
17. Maximum \$ value per vessel \$ _____		18. Maximum \$ value per aircraft \$ _____		19. Maximum \$ value per barge \$ _____	
20. Maximum \$ value per tow \$ _____		21. Maximum value per mail \$ _____			
22. Annual \$ volume shipped \$ _____		23. Percentages of exports/imports _____ % Ocean Exports    _____ % Ocean Imports    _____ % Air Exports    _____ % Air Imports			
24. No. of Shipments		25. Usual terms of sale			

**INLAND TRANSIT (Commodities shipped within borders of a country under separate bill of lading)**

26. Limit Requested \$ _____		27. Annual \$ volume shipped \$ _____		28. Point of Origin		29. Point of Destination	
30. Please check desired coverage <input type="checkbox"/> All Risks <input type="checkbox"/> Other _____				31. Principal countries where domestic shipments occur			
32. Deductible Options \$ _____ \$ _____		\$ _____		\$ _____		\$ _____	
33. Average \$ value per shipping package or container per conveyance \$ _____				34. Maximum \$ value per shipping package or container per conveyance \$ _____			

35. Percentage shipments by transportation _____ % Rail    _____ % Truck    _____ % Air	36. No. of Shipments _____
37. Usual terms of sale _____	

**LOSS HISTORY**

38. Five year history

***Please include any additional information such as detailed loss experience, i.e. Annual Reports, brochures, etc. that may assist underwriters in their review of this account. Include warehouse losses if warehouse coverage is requested.***

Year	Premium	Paid & O/S Losses	L/R%	Volume \$(000)	Coverage Terms	Insurance Company
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	\$ _____	_____	_____
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>_____</b>	<b>\$ _____</b>	_____	_____

39. Agent/Broker _____	40. Contact _____	41. Producer Code _____
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42. Comments

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**REQUIRED COMPLETION - READ AND SIGN**

**I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the Company to accept the risk.**

Applicant's Signature <b>X</b>	Date _____
Agent's Signature <b>X</b>	Date _____

**Complete a separate worksheet for each warehouse to be covered. Request for warehouse/processor location coverage. All information must be completed on this form before this coverage can be quoted and/or bound.**

1. Name of Applicant		
2. Name of Location		
3. Address (No., Street, City, Province, Postal Code, Country)		
4. Contact Person		5. Telephone Number
6. Limit of coverage required (stock only)	7. Maximum inventory stock	8. Average inventory/stock
9. Operation/types (check one) <input type="checkbox"/> Public warehouse (storage only) <input type="checkbox"/> Assured's Warehouse (storage only) <input type="checkbox"/> Processing Location		
10. Please check desired coverage <input type="checkbox"/> All Risks <input type="checkbox"/> Named Perils		11. Name Perils
12. Deductible Options \$ _____ \$ _____ \$ _____ \$ _____		
13. Earthquake deductible	14. Flood deductible	15. Wind deductible if Hurricane exposed

16. Physical Characteristic (please check one only)
- Frame** - Exterior walls are wood or other combustible materials.
  - Joisted Masonry** - Exterior walls are constructed of masonry materials and floors and roofs are combustible.
  - Non-Combustible** - Exterior walls and floors and roof are constructed of, and supported by metal or other non-combustible materials.
  - Masonry Non-Combustible** - Exterior walls are constructed of masonry materials with floors and roof of metal or other non-combustible materials.
  - Modified Fire Resistive or Fire Resistive** - Exterior walls and floors and roof are constructed of masonry or fire resistive materials.

17. Age of Building/Year Built? \_\_\_\_\_

**SECURITY AND FIRE PROTECTION**

18. Type of premises alarm systems (check all that apply)			
<input type="checkbox"/> Burglar System	<input type="checkbox"/> Fire System	<input type="checkbox"/> 24-Hour Watchman	<input type="checkbox"/> UL Certified
<input type="checkbox"/> No Burglar System	<input type="checkbox"/> No Fire System	<input type="checkbox"/> Central Station	<input type="checkbox"/> Grounds Fenced
19. Type of premises fire protection (check all that apply)			
<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Wet	<input type="checkbox"/> Public Fire Depart.	<input type="checkbox"/> Portable Fire Extinguishers
<input type="checkbox"/> No Sprinkler System	<input type="checkbox"/> Dry	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Any Combustibles