

APPLICANT INFORMATION SHEET FOR HOUSEHOLD GOODS AND PERSONAL EFFECTS

Insured's Name:.....

Address:.....

City:..... State:..... Zip:.....

Country:.....

Phone:.....

Fax:.....

E-mail:.....

Estimated annual values of shipments to be insured in US Dollars:

Current year:.....

Last year:.....

Premium / Loss Histoty for last three years in US Dollars:

YEAR GROSS PREMIUM	PAID LOSSES	OUTSTANDING LOSSES
.....
.....
.....

Most Frequent Destinations

From:.....

.....

To:.....

.....

.....

Annual Percentage (%) Breakdown of Shipments:

* New Automobiles, Buses and Motorbikes:.....

* Used Automobiles, Buses and Motorbikes:.....

* Household Goods and Personal Effects:.....

	Average value of any one shipment:	Percentage of mode of shipment
By sea
By air
By land
Any one unnamed location within the normal course of transit

Name of your current insurance broker:.....

Are you satisfied with their claims handling: YES NO

Are you satisfied with their rates: YES NO

Expiration date of current policy:.....

Any remarks that you would like to share with us?

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