

EUROPEAN-AMERICAN INC.

APPLICATION FOR MARINE CARGO INSURANCE

Applicant's Name

Date

Applicant's Address

Fed EIN No.

Telephone:

Fax:

E-Mail:

Website:

Nature of Business - Manufacturer, Exporter, Broker, etc:

Description of Goods

Packing - describe in detail, provide pictures or illustrated catalogs, if available.

Geographical Scope

G World to US G US to World G Worldwide G River Shipments G Other - Specify _____

Principal Trading Areas (Name Countries)

From	Via (Port)	To	Estimated Annual Volume (Indicate % Insured)

Valuation Basis

G Amount of invoice, including charges, plus ocean freight, plus _____ % .

G Other(Specify) _____

Limits of Insurance Required

Vessel	Aircraft	Inland Transit	Parcel Post (per package	Warehouse Limit - (Provide list of locations and limit for each)
\$	\$	\$	\$	\$

Other (Specify)

