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| Stock Throughput Application  This form may be completed by you or your insurance broker. Please provide information for all the spaces below. Save a copy for your records, and have your insurance broker email the completed application to: [quotes@pmr-insurance.com](mailto:quotes@pmr-insurance.com) |

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| **APPLICATION INFORMATION** |

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| Insurance Broker: |  |
| Applicant’s Name: |  |
| Address: |  |
| City: |  |
| Province: |  |
| Postal Code: |  |
| Number of Years in Business: |  |
| All monetary values are in: |  |
| Type of Business: | Manufacturer  Contractor  Wholesaler  Retailer  Other |
| If ‘Other’ please describe: |  |

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| **SALES** |

What was your annual sales turnover for each of the last three years:

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| Last Year: |  |
| Two Years Ago: |  |
| Three Years Ago: |  |
| What is your estimated turnover for the next year: |  |

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| **CARGO** |

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| List the products being shipped: |  |
| Are the products: | New  Used  Both |
| Are the products being shipped: | Full container load  Less than container load  Open top  Flat rack  Break bulk  Drums  Bales  Bulk  Reefer  Other, if other, please describe: |
| Are the products professionally packed: | Yes  No  If **No**, who does the packing: |
| Marks or advertising on cartons: | Yes  No  If **Yes**, please describe: |

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| **TRANSPORTATION** |

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| **Goods shipped per** | **Percent moved by conveyance** | **Estimated annual volume** | **Average value per shipment** | **Maximum value per shipment** | **Limits required** |
| Vessel | % |  |  |  |  |
| Aircraft | % |  |  |  |  |
| Rail | % |  |  |  |  |
| Truck | % |  |  |  |  |
| Owned Vehicles | % |  |  |  |  |

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| Countries of origin: |  |
| Countries of final destination: |  |
| Do you have shipments where the origin or destination is NOT your domiciled country (cross voyages): | Yes  No |
| If ‘Yes’ please describe |  |

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| **TERMS OF SALE** |

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| Please state the appropriate Incoterms of sale that apply for you shipment (CIF, FOB, etc): | Import shipments:  Export shipments: |
| Are values declared on a bill of lading: | Yes  No |

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| **COVERAGE REQUIREMENTS** |

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| Cargo: | All risk  Named perils |
| How do you value your cargo: | Invoice + Freight + 100%  Other (describe): |

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| **STOCK EXPOSURE** |

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| Is your location owned by you or does it belong to a third party? | Owned  Third Party |
| Address: | City: |
| Province: | Postal Code: |
| Use of Location: | |
| Construction: | |
| Fire Protection: | |
| Has this location been surveyed within the past 24 months: | Yes  No |
| If ‘Yes’ did the surveyor make any recommendations: | Yes  No |
| If ‘Yes’ were those complied with: | Yes  No |
| \*If you have stock in more than one location, please attach a separate sheet. | |
| What is the **maximum** aggregate stock value that you could have exposed across all of these locations: |  |
| What is the **average** aggregate stock value that you could have exposed across all of these locations: |  |
| Are any of these locations located in a recognized flood, earthquake or windstorm zone: | Yes  No |
| If ‘Yes’ please describe: |  |
| Do all of these locations have central station fire and theft alarms: | Yes  No |
| If ‘No’ please explain what fire and theft protections are in force and effect: |  |
| If you have stock at third party manufacturers, have you ever asked if they carry stock insurance: | Yes  No |
| If ‘Yes’ are you named as an additional insured on their policy: | Yes  No |

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| **GOODS BEING SHIPPED TO/FROM FOREIGN WORKERS** |

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| Do you have any of your goods manufactured on your behalf by foreign contractors: | | | | Yes  No |
| If ‘Yes’ please provide annual values in transit to/from foreign workers by country, detailing the origin of goods, the location of the outworker, the destination of the goods, and the method of transit. | | | | |
| **Origin** | **Location** | **Destination** | **Annual values shipped** | **Method of transit** |
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| **TRADE SHOWS AND EXHIBITIONS** |

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| Do you attend any trade shows or exhibitions: | Yes  No |
| If ‘Yes’ how many in the next 12 months: |  |
| If ‘Yes’ what are the **average** values exposed: |  |
| What are the **maximum** values exposed: |  |
| What are the locations of these trade shows: |  |

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| **SALESMAN’S SAMPLES** |

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| Do you employ and sales representatives that travel with samples: | Yes  No |
| If ‘Yes’ how many sales representatives do you employ: |  |
| How many days per year does each representative travel with samples: |  |
| What are the average and maximum values carried by each representative: | Average        Maximum |

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| **UNDERWRITING INFORMATION** |

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| Name of previous insurer(s) |  |
| Have you ever had a previous policy cancelled: | Yes  No |
| If ‘Yes’ please explain: |  |

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| Premium and loss history for the last five years: | | | | |
| **Year** | **Premium paid** | **Losses paid** | **Losses outstanding** | **Details** |
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| **ADDITIONAL INFORMATION** |

**Privacy Statement**:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including, but not limited to, the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company to assess, underwrite, and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results, and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct.

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| **Date:** |  |
| **Applicant’s signature:** |  |
| **Broker’s signature:** |  |