



Return Completed Application to:

22 E 5th Ave Suite #400, Vancouver, British Columbia V5T 1G8
Phone: (888) 522-0797 | Fax: (888) 522-0797 | cargoapps@inmanmaritime.com

GENERAL INFORMATION FORM C459

For your protection, Canadian law requires the following to appear on this application:

Any person who knowingly provides false, incomplete, misleading, or fraudulent information, or who conceals or misrepresents any material fact, in an application for insurance, for the purpose of obtaining, continuing, or amending insurance coverage, or in connection with a claim for payment of a loss, may be committing an offence under applicable federal and/or provincial laws of Canada.

Such actions may result in the denial or voiding of coverage, cancellation of the policy, and the recovery of any payments made under the policy. In addition, the individual may be subject to civil liability and/or criminal prosecution, including fines, restitution, or imprisonment, as provided by law.

By submitting this application, the applicant confirms that all information provided is true, complete, and accurate to the best of their knowledge and belief and acknowledges that the insurer and/or its authorized representatives will rely on this information in determining eligibility for coverage, setting premiums, and issuing any insurance policy or certificate.

Company Name*: _____

Individual/Sole Proprietorship* Partnership* Corporation, Registered in _____*

Federal GST Number*: _____ Years In Business*: _____

Business Address*: _____

City*: _____ Province*: _____ Postal Code*: _____

Phone*: _____ Fax: _____ Email*: _____

Contact Name and Contact*: _____

Principle Commodities*:

Describe packing of commodities (Containerized, Flat Rack, Breakbulk, Refrigerated; Include who does packing*:

Has an Insurance Company cancelled your cargo insurance in the past 5 years? Yes No

Premium & Loss History (minimum of past three years) *			
Year	Premium	Paid Losses & Outstanding	Loss Ratio

* Detailed premium and loss history, currently valued, must be supplied to Insurance Company within 30 days of the attachment date.

Shipment Values*				
	Annual Insured Value (past 12 months)	Est. Insured Value for Upcoming Year	Avg Value Per Shipment	Maximum Value Per Shipment
Import				
Export				
Domestic				

* Please note our maximum insured value is \$500,000 USD per issued certificate.

Trade Lines*				
From	To	Air%	Ocean%	Ground%

* List any trade lanes that represent a significant portion of your business.

Limits Requested*			
Ocean (Under Deck)	Ocean on Deck	Air	Ground

Signature	Title
Printed Name	Date

The applicant authorizes the insurer, its agents, and underwriters to verify the information provided, including contacting third parties where reasonably necessary, for the purposes of underwriting, risk assessment, policy administration, and claims handling, in accordance with applicable privacy legislation.

Additional Terms, Conditions, and Acknowledgements

Submission of this application does not constitute a binder or guarantee of coverage and all insurance is subject to underwriting review, acceptance, and approval. Coverage shall only be deemed in force once expressly confirmed in writing and, where applicable, payment has been received. The applicant agrees that all information provided in this application and in any subsequent shipment declarations is true, complete, and accurate, and acknowledges that misrepresentation, omission, or failure to disclose material information may result in denial or voidance of coverage, cancellation of the policy, or denial of claims. Coverage under this program is conditional upon the proper registration of each shipment; upon approval, the client will receive access to the Company's shipment declaration portal as well as a shipment declaration PDF form for the purpose of registering shipments, and any shipment not properly declared in accordance with program requirements may not be eligible for coverage. All shipment declarations must be submitted prior to shipment commencement unless otherwise agreed to in writing, and retroactive declarations are not permitted. Coverage is subject to all applicable limits, deductibles, exclusions, and conditions as set out in the issued policy, certificate, or program documentation, which shall govern in the event of any inconsistency. In the event of loss, damage, delay, theft, or any occurrence that may give rise to a claim, the insured must provide prompt notice and take reasonable steps to mitigate loss in accordance with policy requirements. Coverage is non-transferable and applies only to the named insured unless otherwise stated in writing. The insurer and/or program administrator reserves the right to amend, suspend, or cancel coverage in accordance with policy terms, including for non-payment, material change in risk, or breach of program requirements. This application and any resulting coverage shall be governed by the applicable laws of Canada, and by submitting this application the applicant authorizes the collection, use, disclosure, and verification of information for underwriting, policy administration, claims handling, and regulatory compliance purposes in accordance with applicable Canadian privacy legislation.