

AXON Stock Throughput And Pollution Liability Exposures Application



APPLICATION INSTRUCTIONS: Please send Submissions to submissions@axonu.com

Date: _____ Effective Date: _____ Reset Form: _____

Name of Insured: _____

Mailing Address: _____

Type of Company: Corporation Partnership Individual Joint Venture LLC Other: _____

If Joint Venture, Please describe: _____

List all current and prior entities, affiliated or subsidiary companies to be listed as Named Insured and their relationship to the First Named Insured: _____

General Description of Operations and Goods to be insured:

Company Website Address: _____

Please provide previous three years revenue amounts along with current year estimated revenues

Year	Sales
2017	
2016	
2015	
2014	

General Transit Information

Average value per shipment: _____

Maximum value per shipment: _____

Are your good subject to spoilage and/or deterioration? Yes No

If yes, please provide description of product and intended use: _____

Does your product require FDA approval for sale? Yes No

Is the product currently approved by the FDA for sale? Yes No

If not, please advise stage of development: _____

Is the product temperature sensitive? Yes No

If yes, please give temperature range to prevent spoilage: _____

How many hours of protection during each transit leg? _____

How is product packed to maintain this temperature range?

Are any waivers of subrogation given to third party carriers? Yes No

If you are a manufacturer or responsible for packaging of the product, please provide a short description of quality control procedures in place to ensure required packaging warning labels are applied?

Please provide a List of Vehicles and Drivers, List of top 5 Third-Party Haulers

Do you transport regulated or hazardous wastes/materials? Yes No

Do you require a CA9948 or equivalent of your 3rd party over the road haulers? Yes No

Do you have CA9948 Endorsement on your auto policy? Yes No

Do you have an Auto Safety & Training Program & check MVRs regularly? Yes No

If yes, please provide copies of program

Do you have a Vehicle Maintenance Program in place? Yes No

If yes, please provide copies of plan

Do you have any Spill Contingency Plans in place? Yes No

If yes, please provide copies of plans

Please provide a list of cargo being transported

Characterization of Cargo

Material		Projected Qtys	General Description of Materials	Type of Shipping Container*	Type of Transport	% Trans by 1st Party	% Trans by 3rd Parties
Hazardous	Solid						
	Liquid						
	Gas						
Non-Hazardous							
Petroleum/Gasoline							

* (V – Vessel, B – Barge, P – Pipeline, R – Railcar, O – Other. If Other, please specify)

Please list provide list of charterers, materials and quantities being shipped by each charterer

Types of Chartered Vessels

Name	Carriage Type* (B, T, V, O)	Annual Number of Charters	Type of Cargo Carried	Total GRT	Vessel Class	Departure	Destination
1.							
2.							
3.							
4.							
5.							

* (B – Bareboat Charterer, T – Time Charterer, V – Voyage Charterer, O – Other. If Other, please specify)

Please complete the table below describing the applicant's fleet of vehicles.

Characterization of Fleet

	Private Passenger & Pick-ups)	Medium Trucks / Vans / Dump Trucks	Heavy Trucks / Power Units	Trailers / Tankers	Railcars	Watercraft / Barges	Other
Qty							
Overall Total Number of Vehicles							

Incoming Transit

Valuation - Replacement Cost / CIF / Selling Price? _____

Total Annual Values Received: _____

Shipped from: North America _____% South America _____%

 Europe _____% Asia / Pacific _____%

 Other _____% Please Describe: _____

Total (Must Equal 100%) _____%

Packing: FCL _____% Breakbulk _____%

Goods Received By You:

 Common Carrier _____% Own Vehicles _____%

 Air _____% Rail _____%

 Ocean Vessel _____% DHL/Fed Ex/UPS _____%

Total (Must Equal 100%) _____%

Insured Responsible for Insurance _____%

Supplier Responsible for Insurance _____%

Outgoing Transit

Valuation - Replacement Cost / CIF / Selling Price? _____

Total Annual Values Received: _____

Shipped to: North America _____% South America _____%

 Europe _____% Asia / Pacific _____%

 Other _____% Please Describe: _____

Total (Must Equal 100%) _____%

Packing: FCL _____% Breakbulk _____%

Description of shipment methodology and how goods are packaged for transit:

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Goods Shipped By You:

Common Carrier	_____%	Own Vehicles	_____%
Air	_____%	Rail	_____%
Ocean Vessel	_____%	DHL/Fed Ex/UPS	_____%
Total (Must Equal 100%)			_____%
Insured Responsible for Insurance	_____%		
Supplier Responsible for Insurance	_____%		

Stock/Storage Information

Is Stock/Inventory coverage required? Yes No

If so, please provide list of all locations to be covered including COPE details

Average monthly values stored: _____

Maximum value at any one location: _____

Do all locations have fire protection? Yes No

If yes, please provide details of sprinklers, alarms, thermal barriers: _____

Do all locations have a security system? Yes No

Please provide details of alarms, restricted access, guards: _____

Are the goods restricted from outside access? Yes No

If yes, please provide details of how this is restricted:

Are goods required to be stored in climate controlled areas? Yes No

If yes, will alarms notify a central station of temperature change? Yes No

Are the storage zones fitted with sprinklers and thermal barriers? Yes No

Is a maintenance/temp log book kept for the storage facilities? Yes No

Is there a disaster contingency plan in the event of loss of power? Yes No

If yes, please provide details of power backup:

Claims / Loss Information

Please provide prior 5 years loss history for all transit and stock / inventory losses

Year	Number of Claims	Paid	Outstanding	Total Incurred

Are the above losses net of any deductibles? Yes No
If so, please describe deductible amounts: _____

Have you ever had a first party pollution loss related to transportation? Yes No
If yes, please provide details:

Warranty Statements

1. Within the past five (5) years, has the applicant had any releases or spills of hazardous substances, hazardous waste, mold, or any other pollutants as a result of your stock away from premises? Yes No
If yes, please provide details:

2. Within the past five (5) years, has the applicant been prosecuted or currently being prosecuted for the release or threatened release of a hazardous substance, hazardous waste or any other pollutant as a result of your stock away from premises? Yes No
If yes, please provide details:

3. At the time of signing this application, is the applicant aware of or know of any fact, circumstance or situation which may reasonably result in a claim against the applicant or any other person or entity for which coverage is being sought? Yes No
If yes, please provide details:

4. Has any environmental coverage been declined, cancelled, or non-renewed? Yes No
If yes, please provide details:

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I declare, that to the best of my knowledge and belief, the statements and particulars in the proposal are true and that no material facts have been misstated, misrepresented or withheld. I agree that this proposal, together with any other information supplied, shall form the basis of any Contract of Insurance affected thereon. I undertake to inform Insurers of any material alteration to facts occurring before completion of the Contract of Insurance. Please state the name and title of the officer at your firm who has prepared and reviewed this questionnaire and sign the declaration.

Name: _____

Date: _____

Title: _____

Signature: _____