



Dallas
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hullandco-texas.com

DATE

EFFECTIVE DATE _____

- OPEN POLICY TRIP RISK
 ONE YEAR TERM POLICY

NAME OF ASSURED (include names of all subsidiary firms or corporations to be insured)

ADDRESS OF ASSURED

TELEPHONE

NAME OF AGENT OR BROKER

ADDRESS OF AGENT OR BROKER

TELEPHONE

GEOGRAPHICAL LIMITS

- U.S. TO WORLD WORLD TO U.S. WORLD TO WORLD RIVER SHIPMENTS
 GREAT LAKES OTHER

VALUATION

- AMOUNT OF INVOICE, INCLUDING CHARGES, PLUS OCEAN FREIGHT, PLUS _____ %
 OTHER:

PRINCIPAL MERCHANDISE TO BE INSURED (enclose pictures or illustrated catalogs, if available)

PACKING - DESCRIBE IN DETAIL (enclose pictures and diagrams of packing, if available)

INSURING CONDITIONS

FREE OF

ALL RISKS DEDUCTIBLE \$ _____% FRANCHISE \$ _____% PARTICULAR AVERAGE

WITH AVERAGE 3% WITH AVERAGE I.O.P. OTHER _____

SPECIAL CONDITIONS _____

WAR RISK CONTINGENT INTEREST DIFFERENCE IN CONDITIONS SR&CC FOB/FAS

INCREASED VALUE DOMESTIC INLAND TRANSIT FOREIGN INLAND TRANSIT (attach list of countries)

DUTY COVERAGE WAREHOUSE COVERAGE - Attach list of locations & limits required at each location

OTHER: _____

LIMITS OF INSURANCE

\$ _____ BY ONE VESSEL
\$ _____ BY ANY ONE VESSEL ON DECK
\$ _____ BY ANY ONE AIRCRAFT
\$ _____ BY ANY ONE TRUCK/R.R. TRAIN
\$ _____ BY ANY ONE BARGE

REGISTERED OR GOVT
 INSURED PARCEL POST

UNREGISTERED OR
 ORDINARY PARCEL POST

DESCRIBE NATURE OF ASSURED'S BUSINESS (Manufacturer, Exporter, Broker, etc.)

INSURED VOLUME during the last 12 months
ESTIMATED VOLUME to be insured during the next 12 months
ESTIMATED AVERAGE VALUE PER SHIPMENT

EXPORTS	IMPORTS	INLAND TRANSIT, if any
\$	\$	\$
\$	\$	\$
\$	\$	\$

INDICATE IF VOLUME IS EXPRESSED AS SALES OR ACTUAL VALUES SHIPPED

PRINCIPAL COUNTRIES TO WHICH GOODS ARE EXPORTED (Indicate % involved)

PRINCIPAL COUNTRIES FROM WHICH GOODS ARE IMPORTED (indicate % involved)

NAME OF PRESENT INSURER	NAME OF PRESENT BROKER
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PREMIUM AND LOSS EXPERIENCE FOR PAST 3 YRS (attach loss analysis if available)

PREMIUM (Including War)
LOSSES PAID AND OUTSTANDING

20	20	20
\$	\$	\$
\$	\$	\$

PRINCIPAL KIND OF LOSS

PRINCIPAL COUNTRIES INVOLVED IN LOSSES

REMARKS (attach extra sheets if necessary)

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

DATE	SIGNATURE OF APPLICANT
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COMPANY USE ONLY	
<input type="checkbox"/> QUOTED	
<input type="checkbox"/> DECLINED	Reason:
<input type="checkbox"/> BINDING	Effective Date:
	SIGNATURE OF UNDERWRITER