



Excess Markets (B.C.) Corporation
富邦保險有限公司
Insurance Underwriters & Services

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Ocean Cargo Single Voyage Application Form

In order that we may provide terms for a single voyage ocean cargo shipment, would you please provide the following information.

Insured: _____

Address: _____

Loss Payee: _____

Commodity: _____

Packing Details: _____

Shipped: In Container _____ Bulk _____ Break Bulk _____

On Deck _____ Under Deck _____

Voyage: Point of Origin _____

Via Ports of _____

Final Destination _____

Insured Value: Invoice Value \$ _____ + Freight \$ _____ + Duty \$ _____

= Total Insured Value \$ _____

Date of Sailing: _____ Name of Carrying Vessel _____

How long has the Insured been shipping commodities of this nature? _____

Has the Insured had any losses or damages shipping these commodities? _____

Remarks/Instructions _____

AUTHORIZED SIGNATURE

DATE