

Name of the Assured: <i>(Include names of all subsidiary firms or corporations to be insured)</i>				
Address of Assured:		Telephone:		
Name of Agent or Broker: Preferred Aviation Underwriters				
Address of Agent or Broker: P.O. Box 1719 Duluth, GA 30096		Telephone:		
Attachment Date		Renewal or Expiration Date		
Limits of Insurance				
\$ _____ By any one Vessel	\$ _____ By any one R.R. train			
\$ _____ By any on Vessel on Deck	\$ _____ By any one Barge			
\$ _____ By any one Aircraft	\$ _____ Registered or Government Insured Parcel Post			
\$ _____ By any one Truck	\$ _____ Unregistered or Ordinary Parcel Post			
Principal Goods to be Insured <i>(attach pictures or illustrated catalogs, if available)</i>				
Are the Goods: <input type="checkbox"/> New <input type="checkbox"/> Used				
Packing – Describe in Detail <i>(attach pictures or illustrated catalogs, if available)</i>				
Geographical Limits				
<input type="checkbox"/> U.S. to World	<input type="checkbox"/> World to U.S.	<input type="checkbox"/> World to World	<input type="checkbox"/> River Shipments	
<input type="checkbox"/> Great Lakes	<input type="checkbox"/> Other			
Valuation				
<input type="checkbox"/> Amount of Invoice, including chargers, plus ocean freight, plus _____.				
<input type="checkbox"/> Other:				
Insuring Conditions				
<input type="checkbox"/> All risks	Deductible(s):			
<input type="checkbox"/> Free of Particular Average				
Special Conditions				
<input checked="" type="checkbox"/> SR&CC	<input checked="" type="checkbox"/> Domestic Inland Transit			
<input checked="" type="checkbox"/> War Risk	<input type="checkbox"/> Warehouse Coverage <i>(attach list of locations & limits required at each location)</i>			
	<input type="checkbox"/> Other:			
Describe Nature of Assured's Business <i>(Industry)</i>				
Revenues Details <i>(Annual Corporate / Company Sales / Revenues) & Values Shipped</i> <i>(insured by assured)</i>				
	Revenues	Exports	Imports	Inland Transit, if any
Next 12 months Anticipated:	\$	\$	\$	\$
Currently ending 12 months:	\$	\$	\$	\$
Previous 12 months:	\$	\$	\$	\$
Previous 12 months:	\$	\$	\$	\$
Estimated Average Value per Shipment:		\$	\$	\$

Principal Countries Shipped (Indicate % involved)			
Countries	Exports	Imports	Inland Transit, if any
All Other:			
Name of Present Insurer:			
Name of Present Broker:			
Premium and Loss Experience <i>(Attach loss analysis if available)</i>			
	Premium (including War)	Paid Losses	Outstanding Losses
Currently ending 12 months:	\$	\$	\$
Previous 12 months:	\$	\$	\$
Previous 12 months:	\$	\$	\$
Previous 12 months	\$	\$	\$
Previous 12 months	\$	\$	\$
Describe Principal Kind of Loss <i>(specify major losses)</i>			
Describe Countries Involved in Losses			
Remarks			
<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application 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.</p>			
<p>_____</p> <p>Signature of Applicant</p>		<p>_____</p> <p>Date</p>	