

OVERSEAS 51 HC TRANSIT INSURANCE 5 DD@7 5 HCB

OWNER INFORMATION

Applicant Name	
Address 1	
Address 2	
City	
State	Zip/Post Code

VEHICLE INFORMATION

Year	Make
Model	VIN/Chassis
Value (USD)	

SHIPPING ITINERARY

Method	Air	Sea- Container	Sea- Roll On/Roll Off
Shipping Company			
Ship Name (if known)			
Departure Port		Departure Date	
Arrival Port		Arrival Date	
Is Transit	One Way	Round Trip	
Complete below for round trip shipments:			
Return Departure Port		Departure Date	
Return Arrival Port		Arrival Date	

SHIPPING ITINERARY CONTINUED

Inland transit coverage required (if no, skip to next section)? No Yes

If yes, complete the following:

Trucking Company

From (City)

To (City)

Departure Date

Arrival Date

Additional segment (if required):

From (City)

To (City)

Departure Date

Arrival Date

Confirm pre-shipment condition report will be completed (IF NO, COVERAGE WILL BE DECLINED).

No

Yes

Who will complete (must be 3rd party such as shipping company):

Confirm pre-shipment condition photos will be taken (IF NO, COVERAGE WILL BE DECLINED).

No

Yes

Who will take photos? (when car handed to shipper)

Will vehicle be packed professionally by shipper/freight forwarder?

Yes

If not, coverage may be limited to Total Loss Only.

No

AGREEMENT OF TERMS

1. I agree that all the information contained in this form is true and accurate to the best of my knowledge.
2. I understand that in the event of a claim, I will be required to supply the pre-shipment report and pre shipping photos. I understand that it is my responsibility to obtain this information.
3. I agree to adhere to the request(s) of Lloyd's and/or all their affiliates including, but not limited to, various Underwriters at Lloyd's and understand that my failure to obtain the relevant pre-shipment reports and photos may invalidate my insurance in the event of a claim.

By typing or printing my name below, I acknowledge that I have read and understood the above terms in their entirety, and if coverage is issued, coverage will be contingent on the accuracy and completeness of the information I provided herein. Failure to comply with any of the above conditions may result in coverage being denied.

PRINT/TYPE NAME:

DATE: