

Vazzano Ltd. Insurance Brokers
111 E. Busse Ave. Suite #502
Mt. Prospect, IL 60056
(800) 443-6242 Phone
(847) 398-1411 Fax

Date of Application: _____

CARGO INSURANCE APPLICATION

Company Name		Address	
Contact	Email	Phone	Fax
Commodities		Annual Values Insured	
		Average Value per shipment	
		Largest Value of shipment	
		Number of shipments insured annually	
International Shipments? If so, primary destinations			
Carriage Modes by Percentage			
Air	Ocean	Truck	Other Modes of Transit (Please be specific)
Claims History (Last three years)			
Current Year			
Year 2			
Year 3			
Number of Claims	Average Amount of Claim	Largest Amount of Claim	
Current Insurance Co.			
Expiration Date		If canceled, please provide explanation	

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT:

Authorized Signature
Title
Date