

**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

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

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

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Authorized Signature
Title
Date