

Project Cargo Insurance Application

After completing this form, **based on where you are domiciled**, please email to the appropriate WIS contact below:

USA & Canada: Jason Odgers, jason@worldinsuranceagency.com

Latin America: Sandra Velasquez, sandra@worldinsuranceagency.com

Europe, Middle East & Rest of World: Jason Odgers, jason@worldinsuranceagency.com

Asia Pacific: Anmol Sawlani, anmol@worldinsuranceagency.com

China: Fisher (Feiyu) Wang, fisher@worldinsuranceagency.com

For insurance purposes, Project Cargoes are defined as shipments that are oversized, overweight or which may require special handling equipment or close supervision. They may include items such as large or heavy machinery and components, construction materials, power generation equipment, or any other major industrial machinery or items.

Name of Insured:		
Main Trading Name:		
Address:		
Country:		
City:		
State:	Zip Code:	
Contact Name:		
Phone:		
Email:		
Member ID number:		
Shipper/Consignee to be named on policy:		
1). Total Contract Value of equipment to b	pe shipped (please specify currency):	

2). Full details of goods to be shipped with individual values for each major component:



3). Ar	e the g	oods New, Us	sed or Reconditioned?
New		Used	Reconditioned
are LC	L or Br	of transit: are eak Bulk: Break Bulk	the shipments in FCL, door to door? If no, please specify whether the
5). Wł	nat iter	ns, if any, wil	Il be shipped on deck?
6). Ba	sis of V	aluation Requ	uired (e.g. CIF + 10%), replacement value? (Please specify currency)
7). Ro	uting d	etails to site:	
8). De	tails of	vessels and o	carriers to be used:
9). If \	Vaiver	s of recourse	against carriers or other parties are required, please provide details:
10). N currer		m value any (one vessel, aircraft, vehicle, conveyance, location (please specify
•	of sto		estshipment storage be required pending delivery to site? If so, providens, facilities, construction and periods involved:
•			bject to any supervision by qualified surveyors during loading/ n-carriage to site?
-			against Advanced Loss of Profits/Delay-in-Start up/Consequential Loss to discuss this requirement in more detail.)



Please provide any further information that may be material to this insurance.
By signing this application, you confirm that your company/applicant do not trade in any of the sanctioned countries.
SIGNATURE:
Company:
Position:
Date:
Important Note: The questions contained in this form are designed to give insurers information regarding your business. It may not address every aspect, and it is your duty to disclose all material information to insurers that may affect the premium or conditions.