

CARGO INSURANCE APPLICATION

(Please copy application to your company letterhead and complete below)

To: AMR Group, Inc – Insurance Department

Date: _____

We, _____, request cargo insurance for the goods listed on enclosed Commercial invoice / packing list valued at of \$ _____ (must be more than \$750.00)

1. Commercial invoice/packing list enclosed: Y N (circle one)
2. Expected Date of Departure: _____
3. Your internal reference number (optional): _____
4. Total Insured Value: _____
5. Flight number or vessel name: _____
6. AWB, OBL or BOL number: _____
7. Shipment Origin (address): _____
8. Port or airport of Loading (optional): _____
9. Port or airport of Discharge (optional): _____
10. Shipment Destination(address): _____

Terms & Conditions:

I understand that all claims are subject to a deductible of two percent (3%) per incident with a minimum deductible of \$750.00 and no maximum. This deductible is based on the full value of the policy, not on the value of the claim. I also understand that the insurance policy will be written for 110% of the CIF value (commercial value listed on your invoice + insurance premium freight cost for shipping goods + 10%).

The rate for insurance coverage is based upon 110% of the CIF value and currently charged at US .9225 (c) per \$100.00 of CIF value for worldwide transits, and US .70 per \$100.00 of CIF value for transits from origins in the USA and / or Canada to exhibition sites within the USA and / or Canada. The minimum premium charge is US \$60.00

AMR Group Inc. reserves the right to change the rates mentioned above without notice. Rates may change if goods do not travel as indicated below. Please note that shipping containers are not covered under this policy unless the containers are listed on the commercial invoice you submit with this application. Special rates may be used for goods that vary from the transit mentioned above. Cargo insurance for transit to exhibitions, while there for a period not exceeding 30 days and return transit.

Procedure to become insured:

1. Complete this application and sent to AMR Group by email (info@amrworldwide.com) or fax (702-879-7069).
2. Include commercial invoice/packing list and (if possible) pictures of your cargo.

Decline Insurance Coverage:

We, _____ **DECLINE** any and all cargo insurance coverage from AMR Group and its partners. (sign, print and date below REQUIRED)

(Signature)

(Print Name)

(Date)