



# DP INSURANCE AGENCY INC.

忠興保險

LICENSE # 0B75174

1130 S. SAN GABRIEL BLVD., 2F. SAN GABRIEL CA. 91776

PHONE: (626) 292-6608. FAX: (626) 292-6606

## Ocean Marine/ Inland Marine Risk

### General Information

Applicant Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Individual     Corporation     Partnership

Federal Employer ID Number: \_\_\_\_\_

### Ocean Marine/ Inland Marine

Desired Effective Date: \_\_\_\_\_

Estimated Annual Shipping Value: \_\_\_\_\_

Shipping Merchandise: \_\_\_\_\_

Shipping Area: From: \_\_\_\_\_; To: USA

Shipping by \_\_\_\_% Common Carrier (FedEx, UPS); \_\_\_\_% Air; \_\_\_\_% Ocean;

Containerload: \_\_\_\_%; LCL (Less than ContainerLoad) \_\_\_\_%

Principle Commodities: \_\_\_\_\_

Packaging: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Any Loss History: \_\_\_\_\_; please advise Loss Run for negotiating better rate.

Desired Limit: \$ \_\_\_\_\_; Deductible: \$ \_\_\_\_\_

**\*\* The following is for Inland Marine/Inland Transportation; please review your commercial policy for further consideration.\*\***

Warehouse Limit: \$ \_\_\_\_\_

Warehouse Location: \$ \_\_\_\_\_

Shipping by \_\_\_\_% your own vehicle; \_\_\_\_% Common Carrier (UPS, FedEx);

\_\_\_\_% Other: \_\_\_\_\_