



Request For Shipping Insurance Quote

A. Company Information:

Company: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Number of packages shipped per month: _____ Number of insured packages shipped per month: _____

Average value per package: \$ _____ High value per package: \$ _____ Need International Coverage:

What do you ship: _____

How did you hear about us: _____ Desired coverage start date: _____

Sales representative that assisted you (if applicable): _____

B. Shipping Software: (please circle your choices)

UPS WorldShip | FedEx Ship Manager | Endicia Dazzle | Stamps.com | Clippership | Starship
Ascent | ShipStation | UPS.com | FedEx.com | PayPal | Online | Manual | Other

C. Carriers: (please circle the shipping carriers that you use)

UPS | FedEx | DHL | USPS | Common Carrier

Other Carrier (please list):

D. Claims History for the past year:

Number of claims: _____ Total dollar value of claims: \$ _____

On behalf of me and/or my company, I certify that the information I have provided to calculate my rate of premium was accurate and complete. Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

Signature: _____ Title: _____

Name (printed) _____ Date: _____

Please note coverage will not be active until receipt of this application and a Shipsurance representative has confirmed your approval. You will be contacted within 2 business days with a quote.

You may fax your application to 818-668-8888 attention New Accounts or fill out this form online at <http://www.shipsurance.com>.