



**STOCK THROUGHPUT POLICY  
PROPOSAL FORM**

International Brokerage and Surplus Lines, Inc.

120 East Pine Street, Suite 11 · Lakeland, Florida 33801 · Telephone (941)687-2940 · Facsimile 1(941)687-4684

THIS FORM TO BE ATTACHED TO AND FORM A PART OF THE POLICY IF ISSUED.

01. Name and Address of Assured:

Home Phone: \_\_\_\_\_ Day  Eve   
Mobile Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Day  Eve   
Extension: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Pager: \_\_\_\_\_

02. Business of Assured, and how long in operation:

03. Additional named Assurees showing relationship to Named Assured:

04. Goods to be Insured:

05. Packing Details:

06. Principal voyages/transits with approximate percentage split between each:

07. Details of Transits, in respect of-

Air Transit

Sea Transit

Road Transit (a) Common Carrier  
(b) Other - Please Specify

08. Estimated Annual Turnover (value of goods) for both Import and Export (specify separately):

09. Details of warehouse/locations used (show address, construction and protections) together with details of any work undertaken on the product:

10. Show Maximum and Average amounts at Risk-

(a) Each Warehouse/Location \$  
(b) Sea Transit \$  
(c) Air Transit \$  
(d) Road Transit \$



11. Average period goods in storage:

12. Claims record, 5 years if available, but minimum 3 years showing deductible applied, if any:

13. Previous Insurers and years:

14. What deductibles are required-

(a) Air/Sea Transit

(b) Warehouse

(c) Road Transit

15. Any other information you consider would influence Underwriters view of the risk:

16. I/We hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/We have not suppressed, withheld or modified any material facts. I/We agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of My/Our trade or trade practices shall be advised to Underwriters who may, at their discretion, vary the terms and/or conditions of the contract.

#### FLORIDA FRAUD STATEMENT

"Any person who knowingly and with intent to injure, defraud, deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Agent

NOTE - The signing of this form does not bind prospect to complete the insurance.

**UNDERWRITERS RESERVE THE RIGHT TO MAKE INDEPENDENT INQUIRIES REGARDING THE FINANCIAL  
STANDING OF YOUR COMPANY**