

ATLAS INSURANCES LTD.

LLOYD'S COVER HOLDERS

APPLICATION

Company Name:			
Company Address:			
City:			
State / Province:			
Country:			
Zip / Postal Code:			
Phone:			
Fax:			
E-mail:			
Contact Name:			
Year of Formation:			
Nature of Business:	Freight Forwarder □	Manufacturer ☐ In	mporter □ Exporter □ Other □
If other, please advise:			
Company Ownership:	Privately Owned \square	Publicly Quoted □	State Owned \square
Currency:	U.S. Dollars □ E	uro 🗆	
Last Year: Current Year:	red Shipment Values in y Im Income in your chosen		
Annual Percentage Brea	akdown of Shipments:		(%)
General merchandise:			
Electronic and precision instruments:			
Consumer electrical good	ls:		
Wearing apparel and fabr	rics and non-electrical con-	sumer goods:	
Cigarettes, cigars and alc	oholic beverages:		
Food products in tins and/or bottles:			
Bagged foodstuffs:			
Frozen foods other than f	rozen meat:		
Frozen meat:			
New motor cars/buses etc	c .		
Steel sheet/coils/reinforcing bars:			
Fragiles, glass, china, earthenware etc:			
Please provide further inf	formation of the actual car	go shipped:	

Fax: 972-3-6393544 / 1-646-607-8792 service@atlas-insurances.com



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_	Specific Projects not included in a second s	=	No Yes* No		
Premium / L	oss History for last five years	in US Dollars:			
Year	Gross Premium	Paid Losses	Outstanding Losses		
The above fi	le details of large losses (if any)	ty of interests shipped being as	detailed in the application form and the reco		
The above fireflects the sa	igures are based on the majori		detailed in the application form and the recordide details above.		
The above fireflects the sa Anticipated A	igures are based on the majori	ty of interests shipped being as	detailed in the application form and the recordide details above.		
The above fireflects the sather than the sathe	igures are based on the majori ame conditions as being requeste Attachment Date: byages / Conveyances:	ty of interests shipped being as	ide details above.		
The above fireflects the satisficated A Principal Vo From / To: (Please provide)	igures are based on the majori ame conditions as being requeste Attachment Date:	ty of interests shipped being as ed herein. If otherwise please prov	ide details above.		
The above fireflects the sate Anticipated Articipated Articipated From / To: (Please provides split of total value and total value) Maximum V By Sea: By Air: By Land:	igures are based on the majori ame conditions as being requeste Attachment Date: byages / Conveyances: le details and % alues shipped.) Value any One Shipment (in the	ty of interests shipped being as ed herein. If otherwise please prov	ide details above.		

(Page 2 of 3)



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If yes, please advise full location addresses with limits of coverage required.

Locations:	1	Maximum Value in Storage:				
1		•				
3.						
4.						
5.						
Percentage of total cargoes handled:	(%)	Percei	ntage of methods of	f shipment:		(%)
By Full Container Loads			By Sea			
By Less Container Loads			By Air			
By Breakbulk			By Land			
Please provide full packaging details of all ca	rgo being sł	nipped &/or in sto	orage. Please include	e details of ca	arrier if kn	own:
Any other relevant information or mater deductibles, etc.):	rial facts: (please include	details of current	insurers, t	arget rate	s, current