

# VEHICLE MARINE TRANSIT INSURANCE

Exclusively administered by UNIRISC

## ALL RISKS COVERAGE

Includes **WAR** (as noted below), **STRIKE**, **THEFT**, **BREAKAGE**, and **WATER DAMAGE**. Coverage attaches from the time the vehicle is released to the carrier/dispatcher, and continues until the vehicle is delivered to your final destination. **VEHICLE ACCESSORIES & EQUIPMENT** are covered if they are secured in a locked trunk or are part of the vehicle's fittings. Such items must be declared at the time of application.

**Note: War risks are only covered whilst vehicle is aboard an overseas vessel or aircraft.**

## EXCLUSIONS

- ordinary depreciation
- inherent vice
- mechanical derangement
- damage as a result of moths or vermin
- freezing of water in vehicle cooling system
- packing deficiencies
- nuclear incidents & insolvency of carriers

All exclusions fully detailed within Certificate of Insurance. **PERSONAL EFFECTS** stored in vehicle are **NOT** covered.

## RATES

STANDARD \$1.70 per \$100 of value or (.017)

ADDITIONAL WAR/STRIKE CHARGES APPLY TO WORLD TROUBLE SPOTS. Contact UNIRISC for details.

**Policy subject to a minimum premium of \$100.**

## DEDUCTIBLE

All claims are subject to a \$200 deductible for each loss or occurrence of damage. The deductible may be waived for an additional premium of \$45.

## APPLICATION

NAME: \_\_\_\_\_ VEHICLE RELEASE DATE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

OVERSEAS ADDRESS: \_\_\_\_\_

MAILING ADDRESS  
(If different from above): \_\_\_\_\_

POINT OF ORIGIN: \_\_\_\_\_ FINAL DESTINATION: \_\_\_\_\_

YEAR, MAKE, MODEL OF VEHICLE: \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

DECLARED REPLACEMENT VALUE: \$ \_\_\_\_\_ x .017 = \$ \_\_\_\_\_

ELIMINATE DEDUCTIBLE?  NO  YES (If yes, enter \$45 to the right.) \$ \_\_\_\_\_

SPECIAL HIGH RISK AREA SURCHARGE  
Contact UNIRISC to determine if applicable. \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL PREMIUM DUE (Not to be less than the **minimum premium of \$100**): \$ \_\_\_\_\_

LEINHOLDER: If a leinholder is requesting to be named as loss payee, indicate name & address of leinholder here. \_\_\_\_\_

**TO INITIATE COVERAGE:** return a completed and signed application along with full premium. Mail to UNIRISC, Inc., 2000 N. 14<sup>th</sup> St.; Arlington, VA 22201. Pay by check, or provide your credit card information below.

**PRE-SHIPMENT CONDITION REPORT:** This coverage requires a pre-shipment condition report. Obtain a report from the drive-away company or dispatcher. If a report cannot be obtained, **EXTENSIVE** photographs of both the interior and exterior of the vehicle (taken just prior to shipment) will suffice. If your vehicle is new and coming directly from a dealer or factory, a bill of sale or other proof of shipment can be used as a statement of condition. Include the appropriate document with your application or indicate if it is to follow.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VISA  MC Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make checks payable to UNIRISC