

# Domestic Shipping Cargo Insurance Application



Please send the completed and signed Cargo Insurance application by email or mail to:

E-mail: [Capitalbr@ups.com](mailto:Capitalbr@ups.com)

**Mail:**

UPS Capital Corretora de Seguros Ltda.  
Rua Pedro Taques, 77  
Consolação, SP 01415-010  
Attention: UPS Capital Corretora – Cargo Insurance

Contact us at [Capitalbr@ups.com](mailto:Capitalbr@ups.com) or 0800 707 9404 for more information.

### Customer Information

Legal Name	
Start of Operations	
CNPJ	
Address	
Telephone	
Market Segment	
Broker	UPS Capital Corretora de Seguros Ltda.

### List principal types of goods transported

Goods	Packaging	Container	%	Goods	Packaging	Container	%
		<input type="checkbox"/>				<input type="checkbox"/>	
		<input type="checkbox"/>				<input type="checkbox"/>	
		<input type="checkbox"/>				<input type="checkbox"/>	
		<input type="checkbox"/>				<input type="checkbox"/>	
		<input type="checkbox"/>				<input type="checkbox"/>	

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Goods	Route (Origin & Destination)	Type of Transportation			%
		Air	Ocean	Ground	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Insured Value during the last 6 months

Month / Year	Value	Month / Year	Value

Estimate of Insured Value for the next 12 months

## Shipments

Avg. Value per conveyance/shipment	
Max. value per conveyance/shipment	
Avg. N° of shipments/month	
Desired Limit	
Composition of Cargo per Conveyance	<input type="checkbox"/> Bulk Cargo
	<input type="checkbox"/> Sealed Cargo
	<input type="checkbox"/> Fractional Cargo, which goods?

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Fleet of Trucks	Quantity	Characteristics (Types and Ages)
<input type="checkbox"/> Owned Vehicles		
<input type="checkbox"/> Trucking Companies (owned vehicles)		
<input type="checkbox"/> Trucking Companies (3rd party vehicles)		

## List of Trucking Companies

Legal Name of Trucking Company	CNPJ	%

## Risk Management Procedures

<b>Do your vehicles have a tracking system installed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Model/Type</b> <input type="checkbox"/> AUTOTRAC - (Satellite OBC 2/3/4 Calibrated / Cellular) <input type="checkbox"/> CONTROLLOC (GSM / TOTAL) <input type="checkbox"/> CONTROLSAT (Ômega 16 or higher / DUAL / CONTROLCELL) <input type="checkbox"/> GET (TRACESAT) <input type="checkbox"/> ITURAN (RF / GPRS) <input type="checkbox"/> JABURSAT (II / III) <input type="checkbox"/> OMNILINK (RI 1450 / RI 1460 MAX) <input type="checkbox"/> RODOSIS (Sis 404 / Flex), SASCARGA <input type="checkbox"/> STI (STI Sat II) <input type="checkbox"/> OTHER <b>Which?</b>	<b>Sensors</b> <input type="checkbox"/> Antennae <input type="checkbox"/> Trailer Coupling <input type="checkbox"/> Panic Button <input type="checkbox"/> Passenger Door <input type="checkbox"/> Ignition; Speedometer <input type="checkbox"/> Trunk/Hatch Lock  <b>Mechanisms</b> <input type="checkbox"/> Alarm <input type="checkbox"/> Trunk/Hatch Lock <input type="checkbox"/> Vehicle Lock <input type="checkbox"/> Keyboard
<b>Have you contracted a 3<sup>rd</sup> Party for Risk Management?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, <b>Which?</b>	

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List Loss Events during the last 24 months (even if without insurance coverage), specifying, per event:

Shipment Value	Loss Value	Cause of Loss	Date	Trucking Company

Current Insurance Carrier	Expiration	Any Differentiated Rate/Premium Negotiation?

I certify that the information provided here is true and authorize the insurer to perform any research it deems necessary to confirm the information contained herein. I am aware that the mere presentation of the questionnaire to the insurer does not constitute the acceptance of the insurance, but rather the analysis to be conducted by the Carrier; however, once the conditions for contracting of insurance are received, the questionnaire will form an integral and inseparable part of the policy issued.

I also declare to be aware that in the event of any accident this questionnaire and the information contained herein will be used as a reference to the regulation and release of any potential claims payment.

Date and Place	
Stamp and Signature	