## Marketplace Insurance Application Form

**【Basic Information】**Notice: \* is required

|  |  |
| --- | --- |
| Legal Entity Name \* : | Must be the same with the legal entity page on marketplace |
|  | |
| Registered Address \* : | Must be the same with the legal entity page on marketplace |
|  | |
| Years In Business : | Please fill in the number of years in business |
|  | |
| Contact Name : | Please fill in your contact name |
|  | |
| Contact Email \* : | Please fill in your contact email |

|  |  |
| --- | --- |
| Phone Number \* : | Please fill in your phone number |
|  |  |
| Marketplace : | The marketplace on which you sell. (only one allowed) |

|  |  |  |  |
| --- | --- | --- | --- |
| Insured Type : | Company  Personal | | |
|  | | | |
| Business License/ID Card \* ：(Accept all image formats, other formats need to be attached at the end)  For company please upload a copy of the company's business license and a copy of both side of the individual’s ID or passport (clear photo/scan) / For personal please upload a copy of both side of the individual’s ID or passport (clear photo/scan) | | | |
| picturecontrolPlease click on the upper center to upload | | picturecontrolPlease click on the upper center to upload | picturecontrolPlease click on the upper center to upload |
|  | | | |
| Screenshot Legal Entity Page \* ： | picturecontrol  Please click on the upper center to upload | | |
| Screenshot Legal Entity Page  (Take Amazon as an example) ： | C:\Users\admin\Downloads\Legal entity.pngLegal entity | | |

**【Insured Store/Product】**

|  |  |  |
| --- | --- | --- |
| Merchant Token： | Please fill in the merchant token | |
| Notice: [Please click to see how to find the merchant token](https://ibb.co/vxY7trs) | | |
| Store Link ： | Please in the store link | |
|  | | |
| Product Name ： | Please fill in the product name | |
|  | | |
| Business Nature : | Please choose your business nature | |
|  |  | |
| Estimated Annual Sales ： | Please fill in the estimated annual sales | USD |
|  | | |
| Product Certification Information (If any) ： | picturecontrol  If any, please click on the upper center to upload | |

|  |  |  |
| --- | --- | --- |
|  | Product Category | Sales Region (US/EU/AU) |
| Category 1 | Please fill in your product category | Please choose your region |
| Category 2 | Please fill in your product category | Please choose your region |
| Category 3 | Please fill in your product category | Please choose your region |

**【Insurance Protection Period】**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Start Date： | Please enter or select the insurance start date | Insurance Protection Period： | Please choose protection period |

**【Loss Record】**

Is there any products liability claim/loss or product recall in the past five years? (Default is no)

Yes  No

To add an attachment, select "Insert" -- select "Attachment" -- insert documents