CNA

Application for
OCEAN CARGO
INSURANCE

Please print or type   *Inception date of policy:*

Applicant | Years in business:

Address *(No., Street, State/Province, Zip/Postal Code)*

Description of business: | Annual gross sales:

Type of merchandise:

Method of packing: | Are containers opened prior to reaching final destination?
☐ Yes ☐ No   If yes, by whom?

Principal points of shipment:

Principal points of destination:

Value per shipping package: | Value per container:

Average $ | Maximum $ | Average $ | Maximum $

Maximum value shipped: | Estimated total value of insured shipments per year:

By any one steamer $ | By any one plane $ | Steamer $ | Air $

Basis of valuation:
☐ Cost, insurance & freight + 10%   ☐ Other (please explain):

Insuring conditions requested: | Deductible Requested

Do you require insurance on:

☐ Import duty   ☐ Domestic transit (Max./conveyance   )   ☐ Warehouse storage
☐ F.O.B./F.A.S. shipments   ☐ Contingency insurance on exports   ☐ Other:

Is present carrier requesting cancellation, rate increase or policy revision?
☐ Yes   ☐ No If "yes," please explain.

Name present carrier: | Number of years in effect:

Do you have any other insurance placed with CNA?
☐ Yes   ☐ No If yes, please list coverage(s):

Premium and loss history, last five years:

YEAR	MARINE PREMIUMS	LOSSES PAID & OUTSTANDING	RECOVERIES	NET LOSSES	NUMBER OF CLAIMS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Agent or Broker Name | Address *(No, Street, State/Province, Zip/Postal Code)* | Phone

Agent or Broker signature | Date