

MOAC a CNA Maritime Division
OCEAN CARGO APPLICATION
 Fax To: (818) 249-1166

AGENT: Monarch E&S Insurance Services

CITY: 2540 Foothill Blvd., Suite 101, La Crescenta, CA 91214

Date: _____

Phone: (818) 249-0100

APPLICANT: Name(s): _____

Address: _____

Description of Business: _____ Years in business: _____ Annual Gross Sales: \$ _____

COMMODITIES: (Describe Fully) _____

- Packing: New Used Export Packed Palletized Shrink Wrapped
- Containerized Paper Carton Wood Crates Poly Bags Burlap Bags Paper Bags
- Kegs/Barrels Metal Drums Fiber Drums Waterproof Liner On Deck Bulk

Who packs the containers? _____

Are containers opened prior to reaching final destination? Yes No If so, by whom? _____

Do you use a freight consolidator? Yes No Freight Forwarder? Yes No Name: _____

VALUATION: Invoice + Freight + 10% Other: _____

ROUTES: Warehouse to Warehouse Worldwide River _____ Great Lakes Land Bridge

ROUTES			ANNUAL VALUES SHIPPED		
From City & Country	Via	To City & Country	via Vessel	via Aircraft	via _____
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Steamship Co: _____ Totals:			\$	\$	\$

ANNUAL VALUES SHIPPED:	
Mode of Transport	
via Ocean Vessel	
via Scheduled Air Carrier	
via Barge	
via Mail-PP-Air Express	
via Motor Truck (US Domestic)	
Total Annual Values Shipped	

IMPORT	
Last Year 20____	This Year 20____
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

EXPORT & DOMESTIC	
Last Year 20____	This Year 20____
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

Please attach copies of:

- Current Cargo Insurance Policy
- Financial Statement
- Annual Report

- Company Loss Runs
- Narrative details of significant losses
- Product brochures or catalogs

Signature of Applicant

Date: _____

Signature of Insurance Agent/Broker

Date: _____

Quote is needed by: _____

Effective date will be: _____

