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:4 Phone: (818) 249-0100			
APPLICANT: Name(s):									
Add	lress:								
							Annual Gross Sales: \$		
COMMODITIES:	(Desc	ribe Fully)							
Packing:	□N	ew	Used	☐ Export P	acked	☐ Palletized	Shrir	nk Wrapped	
☐ Containerized	☐ Pa	aper Carton	☐ Wood Crates	☐Poly Bag	3	☐ Burlap Bags	☐ Pape	er Bags	
☐ Kegs/Barrels	□М	etal Drums	☐ Fiber Drums	☐ Waterpro	terproof Liner ☐ On Deck ☐ Bulk				
Who packs the con	itainers	3?							
Are containers ope	ned pri	ior to reaching	final destination?	☐ Yes ☐	No If so	o, by whom?			
Do you use a freigh	nt cons	olidator?	Yes □ No F	reight Forwar	der?	Yes □ No Na	me:		
VALUATION: [] Invo	ice + Freight +	. 10% □ 0	Other:					
ROUTES:							☐ Land Bridge		
		ROUTES			ANNUAL VALUES SHIPPED				
From City & Country Via To City & Country				Country	via Ves	sel via Ai	rcraft	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				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				
\$	\$				

LIMITS OF INSURANCE:		Avg. Value	Ma	x. Value/Limit	İ	How 1	frequently do y	ou ship?	
Any One Package:		\$	\$_				shipment	s per	☐ Week
Any One Container:		\$	\$_						☐ Month
Any one Vessel:		\$	\$_						☐ Quarter
Any one \	Vessel On Deck:	\$	\$_	\$ Are your shipments seasonal					☐ Yes ☐ No
Any One	Aircraft	\$		\$ High Season:					
Any One I	Barge:	\$							
Any one T	Гruck or Train:	\$	\$_						
Any One	package PP or Mail	\$	\$_						
INSURIN	NG CONDITIONS:	(Describe currer	nt cover	rage)					
☐ All Risl	ks With Average	e %	☐ Free of Particular Aver		ar Averag	ge Dther:			
☐ Deduc	tible: \$	☐ Per Claim	□Р	er Voyage			Other:		
□War	☐ SR&CC								
Condition * = Repor	☐ Block War *	rchases * f Collectibility * g * or *		☐ Dome ☐ FOB/F ☐ Increa ☐ Refrig ☐ Used	Reporting * stic Transi FAS Sales sed Value eration Bre Machinery	t * * /Profits eakdowr	☐ Ex ☐ Fu * ☐ N\ □ Sh ☐ Wa	hibition II Value I	tial Damage Declared Air Warranty rom Containers *
Reportin		☐ Quarterly		emi-Annual emi-Annual	☐ Ann		☐ Need Cei		orms
HISTORY	/:								
Name of Current Insurer:				Name of Current Broker:					
☐ I have	imported on a CIF basis	until now.		nave exported	on an FC	B basis	until now.		
Has cargo	o insurance been cancele	ed or declined in th	e past	5 years?	☐ Yes ☐] No	If so, why?		
Why is thi	is insurance being remar	keted?							
			PREM	IIUM & LOS	S HISTO	RY			
Policy Year	Premium	Paid Losse	es	Open Res	erves	No	of Claims	De	scription of Losses & Commodities
	\$	\$		\$					
	\$	\$		\$					

Policy Year	Premium	Paid Losses	Open Reserves	No of Claims	Description of Losses & Commodities
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
Totals:	\$	\$	\$		☐ No Losses past 5 years

Please attach copies of:	☐ Current Cargo Insurance Policy☐ Financial Statement☐ Annual Report	y ☐ Company Loss Runs ☐ Narrative details of significant losses ☐ Product brochures or catalogs
Signature of Applicant		Signature of Insurance Agent/Broker
Date:		Date:
Quote is needed by:		
Effective date will be:		

