

SECTION I — GENERAL INFORMATION

Date of Application: _____ Proposed Effective Date: _____

	APPLICANT	PRODUCER
Company Name		
Address		
Telephone Number		
Email		
Website		
Contact for Inspection	Name: _____ _____	Telephone Number: _____ Email: _____

- Describe the applicant's business: _____

- List all operating names and subsidiaries: _____

If applicant is a subsidiary, advise parent company: _____
- Has the applicant operated under any other company name(s) in the last five years? Yes No
If "Yes", advise other company name(s): _____

- Number of years in business: _____
- How many years has the Producer controlled this account? _____
- Who is your current insurance carrier? _____ How many consecutive years? _____
- Has any policy or coverage ever been canceled or non-renewed? Yes No
If "Yes", explain: _____
- Has the applicant, any predecessor or any of its principals declared bankruptcy in the past five years? Yes No
If "Yes", explain: _____
- Does CNA currently write any other coverages for the applicant? Yes No
If "Yes", advise other CNA coverages: _____

SECTION II — OCEAN CARGO COVERAGE

1. Please provide a breakdown of the goods and/or merchandise to be shipped (detailed description of goods and/or merchandise):

2. Are the goods and/or merchandise insured new, used and/or refurbished "like new"? _____
3. Are shipments principally moved by ocean vessel? Yes No
If "Yes," are shipments containerized? Yes No
If "No," please provide details: _____

4. Are shipments principally moved by aircraft? Yes No
If "Yes," please describe packaging method (i.e. carton, crated, palletized, etc.): _____

5. Who packs the shipments? (i.e. shipper, third party packer, etc.): _____

6. Where are the shipments normally unpacked? (i.e. discharge port, consignee's warehouse, etc.): _____

7. Any special coverage requests or extensions other than Domestic Transit (U.S./Canada) and Warehouse Coverage? Yes No
If "Yes," please describe (i.e. Foreign Inland Transit, Exhibition coverage, etc.): _____

SECTION III — CONVEYANCES

1. Please provide a breakdown: Vessel: _____ % Aircraft: _____ % Barge: _____ %
2. If any goods and/or merchandise are being shipped via barge, please provide details: _____

SECTION IV — VALUATION, TURNOVER AND LIMITS

1. Standard policy valuation is Cost/Insurance/Freight plus 10% (CIF + 10%)? Yes No
Enter requested valuation (if different from standard valuation): _____

	PRIOR 12 MONTHS	CURRENT 12 MONTHS	NEXT 12 MONTHS
Total Annual Gross Sales			
Total Annual Shipment Values			

2. Please provide the percentage of estimated annual shipments for which the applicant is responsible for insuring: _____ %
3. Required limit per any one conveyance: Vessel: \$ _____ Aircraft: \$ _____
FedEx/UPS: \$ _____ Barge: \$ _____
Other (please describe): _____
4. Requested deductible: \$ _____
5. Maximum Value of any one shipment: \$ _____ Average value per shipment: \$ _____
6. Number of shipments anticipated in a 12-month period: _____
7. Additional information: _____

SECTION V — TRADE ROUTE

1. Please state the percentage breakdown of the applicant's imports and/or exports: Import: _____ % Export: _____ %

Please list countries where goods and/or merchandise are being imported/exported*:

FROM	TO	PERCENT(%)

2. Do any shipments involve goods and/or merchandise moving to/from/within Mexico? Yes No

SECTION VI — DOMESTIC TRANSIT

1. Do you require Domestic Transit coverage between/within the continental United States and/or Canada? Yes No

2. Are the goods and/or merchandise to be covered under the Domestic Transit section the same as the Ocean Cargo section?

Yes No If "No," please provide details: _____

	PRIOR 12 MONTHS	CURRENT 12 MONTHS	NEXT 12 MONTHS
Total Annual Shipment Values			

3. Please provide the percentage of estimated annual shipments for which the applicant is responsible for insuring: _____ %

4. Please indicate the Maximum Value of any one shipment: \$ _____

5. Please indicate the Average Value of any one shipment: \$ _____

6. Types of conveyance used: Third Party Truck: _____ % Aircraft: _____ % Rail: _____ % Barge: _____ %
FedEx/UPS: _____ % Owned/Leased Vehicle: _____ %

SECTION VII — WAREHOUSE STORAGE

1. Do you require coverage for the insured goods and/or merchandise while in storage? Yes No

If "Yes," please list accordingly or attach a schedule:

LOCATION	ADDRESS	CONST./COPE	YEAR BUILT	SPRINKLER	ALARM
Name: _____ Limit: _____ Average: _____ Owned Leased	_____ _____ _____ _____			Wet Dry None	Central Station Burglar Smoke or Fire None
Name: _____ Limit: _____ Average: _____ Owned Leased	_____ _____ _____ _____			Wet Dry None	Central Station Burglar Smoke or Fire None
Name: _____ Limit: _____ Average: _____ Owned Leased	_____ _____ _____ _____			Wet Dry None	Central Station Burglar Smoke or Fire None

2. Requested deductible: \$ _____

This application can be filled out electronically or by hand.

* Please note that the CNA Ocean Cargo policy excludes shipments to or from specific countries. Additionally, Federal Laws & OFAC regulations restrict certain countries due to geographic and/or war issues. Please contact an Ocean Cargo Underwriter if you have any questions.

SECTION VIII — LOSS HISTORY

1. Have you had any losses in the last five years? Yes or No

If "Yes," please provide hard copy loss runs: _____

SECTION IX — APPLICANT REPRESENTATION (TO BE COMPLETED BY APPLICANT)**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAWS OF YOUR STATE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I further understand that any incorrect or incomplete statement could void my protection. I hereby authorize the CNA Insurance Companies to release the information on this application and associated underwriting information.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

Title: _____

Producer's Signature: _____ Date: _____

Producer's Printed Name: _____

**For additional information, contact your producer or
your local CNA Ocean Marine Underwriter.**

