



# Ocean Cargo Application

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## Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

## NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

## I. GENERAL INFORMATION (to be completed by all applicants)

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

All monetary values in this questionnaire are:  CAD  USD

2. List all operating names and subsidiaries: \_\_\_\_\_

If applicant is a subsidiary, advise parent company: \_\_\_\_\_

3. Has the applicant operated under any other company name(s) in the last five years?  Yes  No

If "Yes", advise other company name(s): \_\_\_\_\_

4. How many years has the Producer controlled this account? \_\_\_\_\_

5. Who is your current insurance carrier? \_\_\_\_\_ How many consecutive years? \_\_\_\_\_

6. Has any policy or coverage ever been canceled or non-renewed?  Yes  No

If "Yes", explain: \_\_\_\_\_

7. Has the applicant, any predecessor or any of its principals declared bankruptcy in the past five years?  Yes  No

If "Yes", explain: \_\_\_\_\_

8. Does CNA currently write any other coverages for the applicant?  Yes  No

If "Yes", advise other CNA coverages: \_\_\_\_\_

**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):

Goods	Total Annual Insured Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Are the goods and/or merchandise insured new, used and/or refurbished "like new"? \_\_\_\_\_

4. Are shipments principally moved by ocean vessel?  Yes  No

If "Yes," are shipments containerized?  Yes  No

If "No," please provide details: \_\_\_\_\_

5. Are shipments principally moved by aircraft?  Yes  No

If "Yes," please describe packaging method (i.e. carton, crated, palletized, etc.):

\_\_\_\_\_

6. Who packs the shipments? (i.e. shipper, third party packer, etc.): \_\_\_\_\_
7. Where are the shipments normally unpacked? (i.e. discharge port, consignee's warehouse, etc.): \_\_\_\_\_
8. 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.):

\_\_\_\_\_

### 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:

\_\_\_\_\_

### 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: \$ \_\_\_\_\_ Courier: \$ \_\_\_\_\_ 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: \_\_\_\_\_

### 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

**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
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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: \_\_\_\_\_% Courier: \_\_\_\_\_% Owned/Leased Vehicle: \_\_\_\_\_%

**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
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Name: \_\_\_\_\_  Wet  Central Station

Limit: \_\_\_\_\_  Dry  Burglar

Average: \_\_\_\_\_  None  Smoke or Fire

Owned  Leased \_\_\_\_\_  None

Name: \_\_\_\_\_  Wet  Central Station

Limit: \_\_\_\_\_  Dry  Burglar

Average: \_\_\_\_\_  None  Smoke or Fire

Owned  Leased \_\_\_\_\_  None

Name: \_\_\_\_\_  Wet  Central Station

Limit: \_\_\_\_\_  Dry  Burglar

Average: \_\_\_\_\_  None  Smoke or Fire

Owned  Leased \_\_\_\_\_  None

2. Requested deductible: \$ \_\_\_\_\_

**VIII. LOSS HISTORY**

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

If "Yes," please provide hard copy loss runs: \_\_\_\_\_

**FRAUD NOTICE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete 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. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

**APPLICANT**

By: \_\_\_\_\_  
Signature and Title\* Printed Name of Authorized Representative

Date: \_\_\_\_\_

**\* This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

