

Ocean Marine
Application for
TECHNOLOGY OCEAN CARGO INSURANCE

1. Name of Applicant _____

Please print or type

2. Address _____

No., Street, City, State, Zip Code (Web page)

3. Type of merchandise _____

4. Incoming Shipments:

Total Annual Values Received: _____

Average Values of Incoming Shipments: _____ Average Value Per Conveyance: _____

Maximum Value per Shipment: _____ Maximum Value Per Conveyance: _____

Shipments shipped via

% Common Carrier (including UPS, FedEx) _____ % Air _____ % Ocean Vessel _____

% Insured's Vehicle: _____ % Rail _____

Terms of Sale are: % FOB Point of origin _____ (at assured risk)

% CIF Insured's Location _____ (Seller provides insurance, contingent to assured)

Shipped From: Far East _____% Europe: _____% Mexico _____% Europe _____%

Central Amer. _____% Canada: _____% Domestic US _____%

5. Outgoing Shipments:

Total Annual Values of Outgoing Shipments: _____

Average Values of Outgoing Shipments: _____ Average Value Per Conveyance: _____

Maximum Value per Shipment: _____ Maximum Value Per Conveyance: _____

Shipments shipped via:

% Common Carrier (including UPS, FedEx) _____ % Air _____ % Ocean Vessel _____

% Insured's Vehicle: _____ % Rail _____

Terms of Sale are: % CIF to buyer / Point of destination _____ (at risk to assured)

% FOB Insured's Location _____ (buyer provides insurance, contingent coverage for assured)

Shipped From: Far East _____% Europe: _____% Mexico _____% Europe _____%

Central Amer. _____% Canada: _____% Domestic US _____%

6. Capital Equipment Purchases:

Annual Value of Capital Equipment Purchased \$ _____

Average Value: \$ _____ Maximum Value: \$ _____

% Foreign: \$ _____ % Domestic (including Mexico and Canada): \$ _____

Terms of Sale: % FOB Point of origin/seller _____ % FOB Insured's Location _____

7. Inter-company Shipments:

Annual Value of Inter-company Shipments: \$ _____

To/From: % Domestic US (including Mexico and Canada) Shipments _____ % Foreign shipments _____

8. Deductible Desired: _____

9. Basis of Valuation: _____

10. Effective Date: _____

11. Estimated Upcoming Annual Gross Sales Figure: \$ _____

12. Exhibition Coverage: Yes ____ No ____

Total # of Exhibitions: _____ % Domestic: ____ % Foreign _____

Average values exposed per exhibition: \$ _____ Maximum values exposed per exhibition: \$ _____

13. Sensitivity of Cargo to Damage: (Please provide information regarding Packaging procedures)

14. Is there an Ocean Marine Open Cargo Policy Now in Effect? _____ If so, name of Insurance
Company _____ Current Premium _____

15. Gross Premium/Paid and Outstanding Losses, Last 5 Years:

YEAR	GROSS PREMIUM	PAID & OUTSTANDING LOSSES
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

16. Agent or Broker _____

17. Limits Desired:	Steamer or Motor Vessel of connecting conveyance, or place:	\$ _____
	“On-Deck” per any one steamer, or subject to “On-Deck” Bill of Lading.	\$ _____
	Any one Barge	\$ _____
	Any one aircraft	\$ _____
	Per package shipped by mail or parcel post, except registered mail	\$ _____
	Shipped by Registered Mail	\$ _____

18. Additional Coverage Desired:

DATE _____ SIGNATURE _____

Contact Information:

**Address: Star Alliance Insurance Services
200 Pine Avenue, Suite 502
Long Beach, CA 90802**

Contact: Ph. (562) 432-8400

Fax (562) 432-8408

**Tony Corlette X. 20
Mark Endo X.12
Aileen Fukumoto X.19
Julie Gonzalez X.14
Kimberly Phistry X.17
Samuel Gonzales X.18
Jamie Holloway X.16**

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