



Application for Freight Forwarders & Custom Broker Legal Liability/Errors & Omissions Insurance

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

Section 1 – General Information

Date _____

Company Name _____

Address
 Street _____ Suite No. _____
 City _____ Province _____
 Postal Code _____
 Contact Name: _____
 Phone _____ Fax _____
 E-mail _____
 Website (if applicable) _____

Years in Business	Type of Corporation <input type="checkbox"/> Public <input type="checkbox"/> Private	No. of Employees	No. of Branches
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Company Type

<input type="checkbox"/> Freight Forwarder	<input type="checkbox"/> Trucking	<input type="checkbox"/> Tank Container
<input type="checkbox"/> N.V.O.C.C	<input type="checkbox"/> Ship's Agent	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Air Cargo Agent	<input type="checkbox"/> Customs Broker	
<input type="checkbox"/> Other (specify) _____		

As a Customs Broker, what is the approximate number of entries handled in a 12-month period?

Existing Policies (check all that apply)

<input type="checkbox"/> Cargo	<input type="checkbox"/> Hull	<input type="checkbox"/> Errors & Omissions	<input type="checkbox"/> Motor Truck Cargo
<input type="checkbox"/> Cargo Legal	<input type="checkbox"/> P & I	<input type="checkbox"/> Property Casualty	<input type="checkbox"/> Bailee
<input type="checkbox"/> Other (specify) _____			

Section 2 – Loss Prevention

Do you employ a designated safety officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide their name
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Do you have a loss prevention program in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what training and education do you require for employees?
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Section 3 – Quality Control



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<p>Does your company currently hold or, in the process of certification by a recognized quality management organization (for example, ISO 2000/9000)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please specify?</p>
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Section 4 – Operations

Using a percentage measurement, please advise on the types of transport most commonly used and the areas you most commonly ship to/from

Methods of Transport

International Ocean	%
International Air	%
Domestic Air	%
Domestic Truck	%
Domestic Rail	%

Areas

USA/Canada	%	India/Pakistan	%
Mexico	%	China	%
Central/South America	%	Far East	%
Middle East	%	Africa	%
Europe	%	South Africa	%
C.I.S.	%	Australia	%

<p>What percentage of shipments are containerized?</p> <p>%</p>	<p>What percentage of shipments are bulk?</p> <p>%</p>
<p>What percentage of traffic do you carry as the principal?</p> <p>%</p>	<p>What percentage of traffic do you carry as the agent?</p> <p>%</p>
<p>What percentage of traffic do you co-load with others?</p> <p>%</p>	



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Section 5 – Volume

Provide Twenty Equivalent Units (TEU) or Tonnage and Gross Freight Receipts (GFR) for each of the following modes of traffic:

Mode of Traffic	TEU's	Tonnage	GFR
Ocean			\$
River			\$
Road			\$
Rail			\$
Air			\$
TOTAL:			\$

PLEASE NOTE GROSS FREIGHT RECEIPTS ARE TOTAL BILLING LESS DUTIES AND TAXES

Please list annual fees of revenues generated from the following operations if not included in your total GFRs above

Warehousing _____ Customs Brokering _____

Section 6 – Modes of Traffic

<p>Do own and operate trucks used to move cargo?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, what percentage of Domestic Road traffic is carried as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Up to 100 miles</td> <td style="width: 33%;">Up to 250 miles</td> <td style="width: 33%;">Excess 250 miles</td> </tr> <tr> <td style="text-align: center;">%</td> <td style="text-align: center;">%</td> <td style="text-align: center;">%</td> </tr> </table>	Up to 100 miles	Up to 250 miles	Excess 250 miles	%	%	%
Up to 100 miles	Up to 250 miles	Excess 250 miles					
%	%	%					
<p>Do you act as a carrier either by contract or some other agreement with trucking nationwide?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you need insurance filings (for example, BMC 34 cargo liability) made on your behalf?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>Do you perform rail stack operations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you operate combined air/sea services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>Do you consolidate ULD's?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you charter aircraft?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what type of charter? _____</p>						
<p>Do you charter vessels?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what type of charter(s)? _____</p>	<p>Do you consolidate containers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>What percentage of traffic is shipped under your bill of lading?</p> <p>% _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Door-to-Door</td> <td style="width: 50%;">Port-to-Port</td> </tr> <tr> <td style="text-align: center;">%</td> <td style="text-align: center;">%</td> </tr> </table>	Door-to-Door	Port-to-Port	%	%	<p>Do your subcontractors limit their liability to a differing level than that of your own?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Door-to-Door	Port-to-Port						
%	%						



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Section 7 – Warehousing/Distribution and Consolidation

Do you operate your own warehouse, with your own personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you perform consolidations within your warehouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform de-consolidations within your warehouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you handle long-term operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold stocks for 3 rd parties or act as a distribution location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have refrigerated storage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide open (outside) storage facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the square footage of your largest warehouse? Sqft

Section 8 – Cargo

What percentage of your traffic does the following represent?

Personal Effects	%	Temperature Controlled Goods	%
Liquor/Tobacco	%	Various General Cargo	%
Bulk Shipments	%	Electronic Equipment	%
Project Cargo	%	Tank Cargo	%

Do you currently have or require cargo insurance?
 Yes No

Section 9 – Maximum Values

Estimate the maximum value at risk for the following:

Any one shipment of general cargo via ocean or air transportation	Any one shipment of general cargo via vehicle or road transportation	Any one shipment of personal effects or household goods
Any one shipment of liquor or tobacco	Any one shipment of temperature controlled goods	

Section 10 – Conditions of Business

Which of the following apply to your business? (check all that apply and forward hard copies)

Own House Bill of Lading _____

House Airway Bill (International) _____

Domestic House Bill _____

Warehouse Receipt _____

Please indicate your limit of liability for the following:

Domestic Transit Limit _____

Storage Limit _____

International Air Limit _____

Ocean Limit _____



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Do you require evidence of insurance from subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you accept cargo for shipment on a "Value Declared" basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Principal carrier(s) used _____ _____ _____	
Current Insurance Company/Insurer	Policy No.
When does the existing insurance policy expire?	Current policy limit of liability CLL _____ E&O _____
Current policy deductible CLL _____ E&O _____	Has insurance ever been cancelled or declined? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 11 – Loss History Paid & Outstanding (past 3 years)

Year	Paid Premium	Paid Claims & Expenses	Loss Ratio	Reserves
Current				
Current less 1				
Current less 2				
TOTALS				

NOTE: Please attach a hard copy of Loss Statistics

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance Company strongly recommends you examine the quotation with your Insurance Broker before acceptance.

I hereby confirm that the information given above and in any attached sheet(s) is true and correct.

Name of Applicant (Please Print)

Applicant's Signature

Title

Date Signed