

Freight Forwarders & Customs Broker Application for Legal Liability Insurance

IMPORTANT NOTE:

The questions contained in this form are designed to give underwriters information regarding your business. It cannot always cover every aspect and it is your duty to disclose all material information to underwriters that may affect the premium or conditions. This form should be completed with or by your Insurance Broker who will be able to assist you in a professional capacity regarding these points.

Date: _____

Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone: () - Fax: () -

E-mail: _____

Website: _____

Years in Business: _____ Public Corporation Private Corporation

No. of Employees: _____ No. of Branches: _____

Company Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Freight Forwarder | <input type="checkbox"/> Trucking | <input type="checkbox"/> Tank Container Operations |
| <input type="checkbox"/> N.V.O.C.C. | <input type="checkbox"/> Ship's Agent | <input type="checkbox"/> Warehouse Operator |
| <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 |

Other (please specify): _____

Loss Prevention

Do you employ designated safety officer(s)? ____yes ____no

If yes, who? _____

Do you have a loss prevention program in effect? ____yes ____no

If yes, what training and education do you require for employees?

Warehousing/Distribution & Consolidation

Do you operate your own warehouse, with your own personnel? _____yes _____no
Do you perform consolidations within your warehouse? _____yes _____no
Do you perform de-consolidations within your warehouse? _____yes _____no
Do you handle long-term storage? _____yes _____no
Do you hold stocks for 3rd parties or act as a distribution location? _____yes _____no
Do you have refrigerated storage? _____yes _____no
Do you provide open (outside) storage facilities? _____yes _____no
What is the square footage of your largest warehouse? _____Sqft

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 cargo insurance? _____yes _____no

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: _____

Conditions of Business

Which of the following apply to your business? (check all that apply) (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: _____

Do you require evidence of insurance from subcontractors? _____yes _____no
Do you accept cargo for shipment on a "Value Declared" basis? _____yes _____no

Principal carrier(s) used: _____

Current Insurance Company/Insurer: _____

Policy No. _____

When does existing insurance policy expire? _____

Current policy limit of liability: CLL _____

Current policy deductible for: CLL _____

Has insurance ever been cancelled or declined? _____yes _____no

Loss History Paid & Outstanding: (past 3 years)

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

Please attach 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. Underwriters strongly recommend you examine the quotation in conjunction 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)

Signature of Applicant

Title

Date signed