



Ocean Marine Division  
65 Broadway  
New York City, NY 10006

## Master Application for Combined Transportation Liability Insurance Coverage(s)

Applicant Name \_\_\_\_\_

Please Check Coverage Sections Being Applied For And Complete Addendums Attached

- |  |   |
|--|---|
| <input type="checkbox"/> NVOCC Cargo Legal Liability                 | <input type="checkbox"/> Bailee's Legal Liability         |
| <input type="checkbox"/> Indirect Air Carriers Cargo Legal Liability | <input type="checkbox"/> Errors & Omissions Liability     |
| <input type="checkbox"/> Motor Truck Cargo Legal Liability           | <input type="checkbox"/> Contingent Cargo Legal Liability |
| <input type="checkbox"/> Warehousemen's Legal Liability              |   |

Proposed effective date of insurance coverage \_\_\_\_\_  
(Not binding until accepted by insurance company.)

**The applicant must complete this application in its entirety. Verbal communication or oral representation cannot be relied on in whole or in part.**

### Directions

- Please answer all questions completely. If additional space is needed, please list information on separate page(s), which will be attached to and become a part of this application.
- This application must be signed and dated by an officer, managing director, partner, or owner of the company applying for coverage.
- Please provide copies of the following (check if included in application):
  - ☐ Your corporate brochure
  - ☐ A sample of your invoice (front and back)
  - ☐ Your terms and conditions of service for each country in which you operate (if applicable)
  - ☐ Sample House Bills of Lading (ocean, air and surface, if applicable)
  - ☐ Sample warehouse and/or freight receipts (if applicable)
  - ☐ Any other document addressing your liability or damages in event of a claim or lawsuit
  - ☐ Financial statement from your last full financial year

NOTE: Acceptance and review of these documents does not mean that all activities or entities listed therein will be covered.

### General Information

- Applicant Name:** List companies to be insured under this policy. Include all subsidiaries and divisions (do not list agents). List only those entities that fit the policy definition of a Transportation Specialist, such as ocean, air, or surface forwarder, ocean or air consolidator, IATA agent, etc. Attach separate sheet if necessary.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact \_\_\_\_\_

Website Address \_\_\_\_\_

Please attach a list of all other offices as of the date of this application.

#### 2. Company Information

- Date company or its predecessor was established \_\_\_\_\_
- If in business less than 5 years, provide the following information for company owners, officers, partners, or managing directors:

Name	Title	Years of Experience	Years with Organization
------	-------	---------------------	-------------------------

- Total Number of Employees \_\_\_\_\_

## General Information Continued

## 4. Operations to be insured

- ☐ Customs Broker  
☐ Non-Vessel Operating Common Carrier (NVOCC)  
☐ Indirect Air Carrier  
☐ Licensed Ocean Freight Forwarder  
☐ Warehouseman  
☐ Road Haulage Operator/Motor Carrier/Drayage Company/Local Pickup & Delivery  
☐ Parcel Carrier/Messenger/Courier Service  
☐ IATA Freight Forwarder  
☐ Free Trade Zone/Foreign Trade Zone Operator  
☐ Breakbulk Agent  
☐ Warehouse Operator/Depot Operator/Distribution Warehouse Operator/Freight Terminal  
☐ Licensed Property Broker/Freight Broker/Transportation Broker or Load Broker  
☐ Cargo Consolidator or De-consolidator  
☐ Licensed Domestic Freight Forwarder  
☐ USTSA Certified Cargo Screener

## 5. General Information

Yes No

- a. Check all professional and trade associations of which you are a member
- ☐ FIATA   ☐ HAFFA   ☐ SFFA   ☐ IATA   ☐ NCBFAA   ☐ IANVOCC  
☐ Other \_\_\_\_\_
- b. Do you use NCBFAA Terms and Conditions of Service? ☐ Yes ☐ No
1. If yes, what edition? \_\_\_\_\_
2. Are you successful in having your clients sign them? ☐ Yes ☐ No
- c. Are these Terms and Conditions provided to your customer in advance of the shipments/transaction? ☐ Yes ☐ No
- d. Does the front of your invoice reference, in bold type, the Terms and Conditions of Service, which appear on the reverse side of your invoice? ☐ Yes ☐ No
- e. Do you fill in the venue clause at the end of the Terms and Conditions of Service? ☐ Yes ☐ No
- f. Are employees encouraged to participate in continuing education courses? ☐ Yes ☐ No
- g. Do you conduct loss prevention seminars for your employees? ☐ Yes ☐ No
- h. Do you have a system to date and time stamp all incoming mail, deliveries, etc? ☐ Yes ☐ No
- i. Do you secure certificates of insurance, and evidence of licensing from truckers, warehousemen, etc.? ☐ Yes ☐ No
- j. Do you have your customers sign a form prior to or at the time of making entry or the export transaction stating that the information contained therein is accurate? ☐ Yes ☐ No
- k. Do you have a properly signed Power of Attorney for all customers on file, which Incorporates by reference, the revised Terms and Conditions of Service? ☐ Yes ☐ No

6. Service Contracts: Do you have any service contracts in effect with your customers? ☐ Yes ☐ No  
If yes, attach.

## 7. Gross Receipts: (Exclude amounts paid for Customs duties, sales taxes, freight advances, and pass through charges.)

From your last financial statements. (Attach verifying statement)

- a. Annual gross receipts from consolidation NVOCC activities. US\$ \_\_\_\_\_
- b. Annual gross receipts from OCEAN forwarding/shippers agent. US\$ \_\_\_\_\_
- c. Annual gross receipts from AIR forwarding/consolidation. US\$ \_\_\_\_\_
- d. Annual gross receipts from DOMESTIC (rail/truck) forwarding/consolidation or agency activities. US\$ \_\_\_\_\_
- e. Annual gross receipts from CUSTOMS BROKERAGE. US\$ \_\_\_\_\_
- f. Annual gross receipts from Property/Freight/Transportation or Load Brokerage US\$ \_\_\_\_\_
- g. Other (please identify) \_\_\_\_\_ US\$ \_\_\_\_\_
- Total Gross Receipts from all operations.** US\$ \_\_\_\_\_

General Information Continued

Yes No

8. Trading Area(s)

- |                                |         |                          |                          |
|--------------------------------|---------|--------------------------|--------------------------|
| a. Central & South America     | _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Australia, Europe           | _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| c. China, Japan, Philippines   | _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Africa, Middle East, Russia | _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Mexico                      | _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| f. U.S. and Canada             | _____ % | <input type="checkbox"/> | <input type="checkbox"/> |

9. Licenses (Please provide license and/or docket numbers)

- a. Customs # \_\_\_\_\_
1. Brokers License # \_\_\_\_\_
2. Importer # \_\_\_\_\_
- b. DOT – FHA – STB (Formerly I.C.C.) MC # \_\_\_\_\_ FF # \_\_\_\_\_ DOT # \_\_\_\_\_
- c. FMC – OTI
1. FF # \_\_\_\_\_
2. NVOCC # \_\_\_\_\_
- d. State Commerce Commission or State Public Utility Commission License numbers.  
List states and number only if a filing is needed.

State	License #	State	License #

- e. Other Licenses Held \_\_\_\_\_

10. Commodities and Traffic

- a. Does 20% or more of your gross revenue involve a particular commodity? ☐ Yes ☐ No
- If yes, list the commodity or commodities
- b. Please provide estimates on the percentage of traffic derived from:
- |                                 |         |
|---------------------------------|---------|
| 1. Project Activities           | _____ % |
| 2. Perishable Goods             | _____ % |
| 3. Temperature Controlled Goods | _____ % |
| 4. Used equipment/merchandise   | _____ % |
| 5. Merchandise from China       | _____ % |
| 6. Food Products Non-perishable | _____ % |

NOTE: We will not cover claims arising out of your liability assumed under any oral or written contract or agreement other than your standard terms and conditions of service, bills of lading or tariffs that have been approved by us.

**Packing Liability***Please answer the questions listed below.***1. Packing Activities**

If you perform any of the following activities, please indicate whether you charge separately for them or if they are included in other freight handling charges?

	<b>If Not Included, % of Revenue</b>	<b>Included</b>	
		<b>Yes</b>	<b>No</b>
<input type="checkbox"/> Packing and/or Crating for Export	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disassembly of Cargo for Packing, Crating, Loading or Stowing	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Loading, Stowing, Blocking, or Bracing in a Container/Trailer	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marking Package with Handling Instructions	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Design or Construction of Packing Materials	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>

**2. Service Terms:** Explain terms and conditions of service used for your packing/crating operations or attach a sample unless NCBFAA Terms and Conditions of Service are used.

Has any application for any of the coverages applied for herein ever been declined or cancelled, or have any been non-renewed?

☐ ☐

If yes, please explain below or attach an explanation on a separate page.

**Attach 5 year Hard copy Loss Runs on Coverages applied for**

*NOTE: No coverage is afforded to the following types of business entities, unless coverage is granted by endorsement to the policy: Charterers (or chartering activities of any kind); steamship agents; steamship brokers; ships agents (vessel); shipping agents (vessel); stevedores; vessel owners; vessel operators; vessel managers; aircraft owner, importers or exporters.*

**All Applicants Must Complete the Following***Please read the following and sign below.*

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance:

1. Has read and understands this application and the insurance coverage.
2. Declares and warrants all statements set forth in this application are true, complete, and accurate.
3. Declares and represents that any occurrence or event taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue, or incomplete any statement made herein will be immediately reported in writing to the insurer. The undersigned agrees that receipt by the insurer of this written report prior to the inception of the policy applied for is a condition precedent to coverage.
4. Acknowledges and agrees that the accuracy of the information in this application and its submission prior to inception of the policy applied for are conditions precedent to coverage.
5. Agrees to pay the deductible amount at the time requested by the insurance company.
6. Understands and agrees that if the insured's deductible amount and/or premium audit is not paid within thirty (30) days from the date requested by the insurance company, the applicant/insured will be liable for all collection costs of the insurance company including court costs and attorneys' fees.
7. Warrants that any misrepresentation on the application, whether innocent or intentional, will result in the policy being void from its inception.
8. Agrees that the insurance company can obtain financial/credit information from companies that provide such services and information from applicant's prior insurers.
9. Authorizes the release of the information described in number 8 above.

**The signing of this application does not bind the undersigned to purchase the insurance nor does review of the application bind the insurance company to issue a policy. The insurance company reserves its right to offer limits or deductibles other than those selected by the applicant. It is agreed that this application is the basis of the contracts, should a policy be issued and that a copy of this application and all attachments become a part of the policy and any such renewal or continuation thereof. Updates including renewal or continuation, whether signed or not, by you, will become a representation and part of the policy.**

**Name of Applicant** *(Company Name)* \_\_\_\_\_

**City, Country** \_\_\_\_\_

**Name of Applicant's Representative** *(type or print)* \_\_\_\_\_

**Title** *(Owner, Officer, Partner or Managing Director)* \_\_\_\_\_

**Signature of Applicant's Representative** \_\_\_\_\_

**Date of Signature** \_\_\_\_\_

## Supplemental Applications

## Coverage Section

## NVOCC Cargo Legal Liability

**Coverage for your legal liability for physical loss or damage to your customers' cargo shipped under your, Ocean, and/or Surface Bill of Lading. If applying for this coverage, please attach copy of all House Ocean and/or Surface Bills of Lading issued by your company(s) and answer the questions listed below.**

1. **NVOC(C)/Consolidator - Principal:** Estimate the total number of annual movements under your *HOUSE BILL OF LADING OR FIATA MULTIMODAL TRANSPORT BILL OF LADING* for the proposed policy period. (DO NOT INCLUDE MOVEMENTS WHICH ARE MADE UNDER YOUR AGENT'S BILL OF LADING.)

- a. Annual TEU's \_\_\_\_\_
- b. Annual FEU's \_\_\_\_\_
- c. Annual LCL's (Note: only list shipments not included above.) \_\_\_\_\_
- d. Gross Receipts for this activity \$ \_\_\_\_\_

2. **Business Activity**

Percentage of traffic your Bill of Lading is issued: Port-to-Port \_\_\_\_\_% Door-to-Door \_\_\_\_\_%

3. **Loss Experience:** Please list all bill of lading claims/losses for previous five years and attach company loss runs.

Date	Description	Amount

4. **Previous Insurance**

- a. List similar Bill of Lading Liability insurance policies carried during the past three years. If none, state "none."

Company	Limit	Deductible	Premium	Expiration Date(s)

- b. Has any application for this type of insurance ever been declined or canceled, or has renewal been refused? Yes ☐ No ☐

If yes, please give an explanation below or attach explanation on a separate page.

5. **Limit of Liability:** Select desired limit for Bill of Lading coverage for each accident/incident/occurrence.

- ☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_
- ☐ US\$500,000    ☐ US\$1,000,000

6. **Deductible:** Select desired deductible for Bill of Lading coverage.

- ☐ US\$1,000    ☐ US\$1,500    ☐ Other US \$ \_\_\_\_\_
- ☐ US\$2,500    ☐ US\$5,000

**Indirect Air Carrier Cargo Legal Liability**

**Coverage for your legal liability for physical loss or damage to your customers' cargo shipped under your House Air Waybill. If applying for this coverage, please attach copy of all House air waybills issued by your company(s) and answer the questions listed below.**

1. Estimate the total number of annual movements under your *HOUSE AIR WAYBILL (HAWB)* for the proposed policy period.
  - a. Total pounds moved annually – international \_\_\_\_\_
  - b. Total pounds moved annually – domestic \_\_\_\_\_
  - c. Percentage of annual activity shipped on a *Full Value Declared* basis under your House Air Waybill \_\_\_\_\_ %
  - d. Total Gross Receipts on all HAWB activity:
 

Domestic	\$ _____
International	\$ _____

2. **Loss Experience:** Please list all bill of lading claims/losses for previous five years and attach company loss runs.

Date	Description	Amount

3. **Previous Insurance**

- a. List similar Bill of Lading Liability insurance policies carried during the past three years. **If none, state "none."**

Company	Limit	Deductible	Premium	Expiration Date(s)

- b. Has any application for this type of insurance ever been declined or canceled, or has renewal been refused?
 

	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

**If yes,** please give an explanation below or attach explanation on a separate page.

4. **Limit of Liability:** Select desired limit for Bill of Lading coverage for each accident/incident/occurrence.

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> US\$100,000 | <input type="checkbox"/> US\$250,000   | <input type="checkbox"/> Other US \$ _____ |
| <input type="checkbox"/> US\$500,000 | <input type="checkbox"/> US\$1,000,000 |  |

5. **Deductible:** Select desired deductible for Bill of Lading coverage.

- |                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> US\$1,000 | <input type="checkbox"/> US\$1,500 | <input type="checkbox"/> Other US \$ _____ |
| <input type="checkbox"/> US\$2,500 | <input type="checkbox"/> US\$5,000 |  |

**Bailee Liability and/or Warehousemen's Liability**

**Coverage for your legal liability for physical loss or damage to property of others,, while in your care, custody, or control. If applying for this coverage, please attach copies of all freight/warehouse/dock receipts, warehouse storage receipts, etc. and answer the questions listed below.**

**1. Warehouse Information:** Please provide the following information for each location where you store freight.

List additional warehouse locations on separate page(s) if necessary.

**Location #1**

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Types of Goods Stored and % of each \_\_\_\_\_

Average Values stored at this location \_\_\_\_\_ Maximum Values \_\_\_\_\_

		Yes	No
Age of Building _____	Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>
Total Storage Area _____	Central Station Alarm System	<input type="checkbox"/>	<input type="checkbox"/>

Construction Type \_\_\_\_\_

Annual Gross Warehouse receipts for this location \_\_\_\_\_

**Limit of Liability:** Select desired limit for **Warehousemen's Liability** for each occurrence.

☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_

☐ US\$500,000    ☐ US\$1,000,000

**Limit of Liability:** Select desired limit for **Bailee Liability** for each occurrence.

☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_

☐ US\$500,000    ☐ US\$1,000,000

**Location #2**

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Types of Goods Stored and % of each \_\_\_\_\_

Average Values stored at this location \_\_\_\_\_ Maximum Values \_\_\_\_\_

		Yes	No
Age of Building _____	Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>
Total Storage Area _____	Central Station Alarm System	<input type="checkbox"/>	<input type="checkbox"/>

Construction Type \_\_\_\_\_

Annual Gross Warehouse receipts for this location \_\_\_\_\_

**Limit of Liability:** Select desired limit for **Warehousemen's Liability** for each occurrence.

☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_

☐ US\$500,000    ☐ US\$1,000,000

**Limit of Liability:** Select desired limit for **Bailee Liability** for each occurrence.

☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_

☐ US\$500,000    ☐ US\$1,000,000



**Bailee Liability and/or Warehousemen's Liability Continued****Location #3**

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Types of Goods Stored and % of each \_\_\_\_\_

Average Values stored at this location \_\_\_\_\_ Maximum Values \_\_\_\_\_

		Yes	No
Age of Building _____	Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>
Total Storage Area _____	Central Station Alarm System	<input type="checkbox"/>	<input type="checkbox"/>

Construction Type \_\_\_\_\_

Annual Gross Warehouse receipts for this location \_\_\_\_\_

**Limit of Liability:** Select desired limit for **Warehousemen's Liability** for each occurrence.☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_☐ US\$500,000    ☐ US\$1,000,000**Limit of Liability:** Select desired limit for **Bailee Liability** for each occurrence.☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_☐ US\$500,000    ☐ US\$1,000,000**Location #4**

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Types of Goods Stored and % of each \_\_\_\_\_

Average Values stored at this location \_\_\_\_\_ Maximum Values \_\_\_\_\_

		Yes	No
Age of Building _____	Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>
Total Storage Area _____	Central Station Alarm System	<input type="checkbox"/>	<input type="checkbox"/>

Construction Type \_\_\_\_\_

Annual Gross Warehouse receipts for this location \_\_\_\_\_

**Limit of Liability:** Select desired limit for **Warehousemen's Liability** for each occurrence.☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_☐ US\$500,000    ☐ US\$1,000,000**Limit of Liability:** Select desired limit for **Bailee Liability** for each occurrence.☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_☐ US\$500,000    ☐ US\$1,000,000

If additional locations, please attach a location schedule with the above information for each location.

**Bailee Liability and/or Warehousemen's Liability Continued**

2. Furs	_____ %	Electronics (including but not limited to computers, related	_____ %
Cologne/Perfume	_____ %	components, software, cellphones, tablets)	_____ %
Explosives	_____ %	Jewelry	_____ %
Liquor	_____ %	Produce	_____ %
Pharmaceuticals	_____ %	Tobacco Products	_____ %
Fresh Meat	_____ %	Fresh Seafood	_____ %
Frozen Meat	_____ %	Frozen Seafood	_____ %
All Other Refrigerated Products	_____ %	General Merchandise	_____ %

3. **Loss Experience:** List all losses for Bailee's and/or Warehousemen's Liability for previous five years and attach company loss runs.

Date	Description	Amount

**4. Previous Insurance**

- a. List similar Bailee and/or Warehousemen's Liability insurance policies carried during the past three years.  
If none, state "none."

Company	Limit	Deductible	Premium	Expiration Date(s)

- b. Has any application for this type of insurance ever been declined or canceled, or has renewal been refused?

Yes ☐ No ☐

If yes, please give an explanation below or attach explanation on a separate page.

5. **Deductible:** Select desired deductible for **Bailee Liability**.

☐ US\$1,000      ☐ US\$1,500      ☐ Other US \$ \_\_\_\_\_  
☐ US\$2,500      ☐ US\$5,000

6. **Deductible:** Select desired deductible for **Warehousemen's Liability**.

☐ US\$1,000      ☐ US\$1,500      ☐ Other US \$ \_\_\_\_\_  
☐ US\$2,500      ☐ US\$5,000

**Motor Truck Cargo Legal Liability**

**Coverage for your legal liability for physical loss or damage to cargo of others,, while in or on vehicles owned and/or operated by you. If applying for this coverage, please attach copies of all freight receipts, bill of ladings and waybills and answer the questions listed below.**

**1. Goods Carried**

Furs _____%	Electronics <i>(including but not limited to computers, related components, software, cellphones, tablets)</i> _____%
Cologne/Perfume _____%	Jewelry _____%
Explosives _____%	Produce _____%
Liquor _____%	Tobacco Products _____%
Pharmaceuticals _____%	Fresh Seafood _____%
Fresh Meat _____%	Frozen Seafood _____%
Frozen Meat _____%	General Merchandise _____%
All Other Refrigerated Products _____%	

2. ICC MC# \_\_\_\_\_

**3. List any state filings**

State _____	# _____
State _____	# _____
State _____	# _____
State _____	# _____

**4. Vehicle Information****a. Type of Equipment****Total Number****If used to Carry Goods 99+ miles note number here**

Cargo Vans
Straight Trucks
Trucks w/tractors
Refrigeration Units
Flatbeds
Tankers
Other (please describe)

b. Please provide the following information for each vehicle you own or lease to carry freight.

**Year****Make****Model****Delivery Radius****Cargo Carried**

5. **Gross MTC Receipts:** \$ \_\_\_\_\_

**Motor Truck Cargo Legal Liability Continued**

6. **Loss Experience:** List all cargo losses in your vehicles or in vehicles operated by you and anyone operation under your authority or Company Name(s) for the past five years and attach company loss runs.

Date	Description	Amount

7. **Previous Insurance**

- a. List similar MTC Liability insurance policies carried during the past three years. **If none, state "none."**

Company	Limit	Deductible	Premium	Expiration Date(s)

- b. Has any application for this type of insurance ever been declined, canceled, or has renewal been refused?

Yes No  
☐ ☐

**If yes,** please give an explanation below or attach explanation on a separate page.

8. **Limit of Liability:** Select desired limit for **Motor Truck Cargo Legal Liability** any occurrence.

☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_  
☐ US\$500,000    ☐ US\$1,000,000

9. **Deductible:** Select desired deductible for **Motor Truck Cargo Legal Liability**.

☐ US\$1,000    ☐ US\$5,000    ☐ Other US \$ \_\_\_\_\_  
☐ US\$2,500    ☐ US\$10,000

**Contingent Cargo Legal Liability Insurance Coverage**

Yes No

1. **List any state filings**

State \_\_\_\_\_ # \_\_\_\_\_  
 State \_\_\_\_\_ # \_\_\_\_\_

2. **Annual Gross Receipts**

2 Years Ago \$ \_\_\_\_\_ 1 Year Ago \$ \_\_\_\_\_ Current Year \$ \_\_\_\_\_

3. Approximate number of trailer moves per year? \_\_\_\_\_

4. Does Applicant specialize in any one type of Merchandise?

☐ ☐

**If yes,** describe type.

5. Does Applicant primarily use a particular carrier?

☐ ☐

**If yes,** give name of carrier.

6. Does Applicant obtain certificates of Motor Truck Cargo Liability insurance from authorized carriers?

☐ ☐

**Contingent Cargo Legal Liability Insurance Coverage Continued****Yes No**

7. Is the limit of liability shown on the carrier's certificate of insurance always equal to or greater than shipment assigned to the Carrier?

☐ ☐

If no, please explain.

8. Does Applicant have a standardized contract stating conditions and liability to customers and/or carriers?

☐ ☐

If yes, please attach a copy to this application.

9. Does Applicant arrange shipment for the following?

☐ ☐

If yes, what percentage of total revenues?

Furs _____ %	Electronics (including but not limited to computers, related components, software, cellphones, tablets) _____ %
Cologne/Perfume _____ %	
Explosives _____ %	Jewelry _____ %
Liquor _____ %	Produce _____ %
Pharmaceuticals _____ %	Tobacco Products _____ %
Fresh Meat _____ %	Fresh Seafood _____ %
Frozen Meat _____ %	Frozen Seafood _____ %
All Other Refrigerated Products _____ %	General Merchandise _____ %

10. Does Applicant arrange for refrigerated shipments?

☐ ☐

If yes, What is the percentage of total shipments? \_\_\_\_\_ %

11. Is Applicant a member of any professional organization(s)?

☐ ☐

If yes, list organization(s).

12. What is the Applicant's primary geographic territory (states)

13. Is Applicant responsible for any packing, loading or unloading?

☐ ☐

If yes, describe.

14. Does applicant use load boards?

☐ ☐

If yes, what percent of total shipments \_\_\_\_\_ %

15. Does applicant co-broker loads?

☐ ☐

If yes, what percent of total shipments \_\_\_\_\_ %

16. **Loss Experience:** List all contingent cargo liability losses for your Company Name for the past three years and attach company loss runs.

**Date****Description****Amount**


**Contingent Cargo Legal Liability Insurance Coverage Continued****17. Limit of Liability Desired**

- a. US\$ \_\_\_\_\_ on any one cargo carrying vehicle or any combined vehicle operating in tandem operated by public or private Truckman.
- b. US\$ \_\_\_\_\_ Any one loss, disaster or casualty.

**18. Deductible:** Select Amount Desired (\$1,000 minimum)

- ☐ US\$1,000      ☐ US\$2,500      ☐ Other US \$ \_\_\_\_\_

**Errors & Omissions Liability**

**Coverage for your customers' financial or consequential loss resulting from your negligence. If applying for this coverage, please attach a copy of your terms and conditions of service and answer the questions listed below.**

**1. Employees**

- a. Number of employees **located** in the U.S. or Canada (*part-time employees count as one employee*). \_\_\_\_\_
- b. Number of employees **outside** the U.S. and Canada (*part-time employees count as one employee*). \_\_\_\_\_
- c. Add lines 1&2 for total number of **all** employees. \_\_\_\_\_

**2. Loss Experience:** List all contingent cargo liability losses for your Company Name for the past three years and attach company loss runs.

Date	Description	Amount

**3. Previous Insurance**

- a. List similar Errors and Omissions insurance policies carried during the past five years. **If none, state "none."**

Company	Limit	Deductible	Premium	Expiration Date(s)

- b. Has any application for this type of insurance ever been declined, or canceled, or has renewal been refused? Yes ☐ No ☐

**If yes,** please give an explanation below or attach explanation on a separate page.

**4. Limit of Liability:** Select desired limit for each occurrence/annual aggregate limit.

- ☐ US\$250,000      ☐ US\$1,000,000
- ☐ US\$500,000      ☐ Other US \$ \_\_\_\_\_

**5. Deductible:** Select desired deductible.

- ☐ US\$2,500      ☐ US\$5,000      ☐ Other US \$ \_\_\_\_\_
- ☐ US\$10,000      ☐ US\$25,000

**6. Do you have a Commercial General Liability Policy?** ☐ ☐

**If yes,** please list:      Company \_\_\_\_\_

Policy # \_\_\_\_\_      Expiration Date \_\_\_\_\_

**Domestic Freight Forwarder Cargo Legal Liability**

**Coverage for your legal liability for physical loss or damage to your customers' cargo shipped under your, Surface Bill of Lading. If applying for this coverage, please attach copy of all House Surface Bills of Lading issued by your company(s) and answer the questions listed below.**

1. **Domestic Forwarder/Consolidator - Principal (Rail/Truck):** Estimate the total number of annual movements under your *HOUSE SURFACE BILL OF LADING* for the proposed policy period.

- a. Annual trailers moved \_\_\_\_\_
- b. Percentage of annual activity shipped on a Full Value Declared basis under your House Surface Bill of Lading \_\_\_\_\_ %
- c. Gross Receipts for this activity, if receipts tracked separately \$ \_\_\_\_\_

2. **Loss Experience:** Please list all bill of lading claims/losses for previous five years and attach company loss runs.

Date	Description	Amount

3. **Previous Insurance**

a. List similar Bill of Lading Liability insurance policies carried during the past three years. **If none, state "none."**

Company	Limit	Deductible	Premium	Expiration Date(s)

b. Has any application for this type of insurance ever been declined, or canceled, or has renewal been refused? Yes ☐ No ☐

**If yes,** please give an explanation below or attach explanation on a separate page.

4. **Limit of Liability:** Select desired limit for Bill of Lading coverage for each accident/incident/occurrence.

- ☐ US\$100,000    ☐ US\$250,000    ☐ Other US \$ \_\_\_\_\_
- ☐ US\$500,000    ☐ US\$1,000,000

5. **Deductible:** Select desired deductible for Bill of Lading coverage.

- ☐ US\$1,000    ☐ US\$1,500    ☐ Other US \$ \_\_\_\_\_
- ☐ US\$2,500    ☐ US\$5,000