



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"/> Coverage Section: NVOCC Cargo Legal Liability | <input type="checkbox"/> Coverage Section: Indirect Air Carriers Cargo Legal Liability |
| <input type="checkbox"/> Coverage Section: Motor Truck Cargo Legal Liability | <input type="checkbox"/> Coverage Section: Warehousemen's Legal Liability |
| <input type="checkbox"/> Coverage Section: Bailee's Legal Liability | <input type="checkbox"/> Coverage Section: Errors & Omissions Liability |
| <input type="checkbox"/> Coverage Section: Endorsement Contingent Cargo Legal Liab. | <input type="checkbox"/> Coverage Section: Endorsement Contingent Auto Liability |

Proposed effective date of insurance coverage _____
(Not binding until accepted by insurance company)

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

Application for Combined Transportation Liability Insurance

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 _____ Fax _____

Contact _____

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

General Information *Continued*

2. **Company Information**

- (a) Date company or its predecessor was established: _____
- (b) If in business less than 2 years, provide the following information for company owners, officers, partners, or managing directors:

Name	Title	Years of Experience	Years with Organization

3. **Total Number of Employees** _____

4. **Operations to be Insured**

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

5. **General Information**

- | | Yes | No |
|---|--------------------------|--------------------------|
| (a) Check all professional and trade associations of which you are a member
<input type="checkbox"/> FIATA, <input type="checkbox"/> HAFFA, <input type="checkbox"/> SFFA, <input type="checkbox"/> IATA, <input type="checkbox"/> NCBFAA, <input type="checkbox"/> IANVOCC
Other _____ | | |
| (b) Do you use NCBFAA Terms and Conditions of Service?
1. If yes , what edition? _____
2. Are you successful in having your clients sign them? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Are these Terms and Conditions provided to your customer in advance of the shipments/ transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| (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? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Do you fill in the venue clause at the end of the Terms and Conditions of Service? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Are employees encouraged to participate in continuing education courses? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Do you conduct loss prevention seminars for your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Do you have a system to date and time stamp all incoming mail, deliveries, facsimiles, etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Do you secure certificates of insurance, and evidence of licensing from truckers, warehousemen, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| (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? | <input type="checkbox"/> | <input type="checkbox"/> |
| (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? | <input type="checkbox"/> | <input type="checkbox"/> |

General Information *Continued*

Yes No

6. **Service Contracts** Do you have any service contracts in effect with your customers? Yes No

7. **Gross Receipts** (Exclude amounts paid for Customs duties, sales taxes, and/or freight advances.)
 From your last financial statements. (Attach verifying statement)

(a) Annual gross receipts from consolidation NVOCC(C) activities. US\$ _____

(b) Annual gross receipts from OCEAN forwarding/shippers agent. _____

(c) Annual gross receipts from AIR forwarding/consolidation or agency activities. US\$ _____

(d) Annual gross receipts from DOMESTIC (rail/truck) forwarding/consolidation or agency activities (including property broker, if receipts tracked separately). US\$ _____

(e) Annual gross receipts from CUSTOMS BROKERAGE. US\$ _____

(f) Other (please identify) US\$ _____

Total Gross Receipts from all operations. US\$ _____

8. **Trading Area(s)**

(a) Central & South America Yes No

(b) Australia, Europe Yes No

(c) China, Japan, Philippines Yes No

(d) Africa, Middle East, Russia Yes No

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

(a) Customs # _____

 1. Brokers License # _____

 2. Importer # _____

(b) DOT – FHA – STB (Formerly I.C.C.) # _____

(c) FMC

 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 #

General Information *Continued*

Yes No

10. **Commodities and Traffic**

(a) Does 20% or more of your gross revenue involve a particular commodity: Yes No

If yes, list the commodity _____

(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?

	Included		If Not Included, % of Revenue
	Yes	No	
<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.

History

Previous Insurance - List all previous insurance policies similar to the coverages being applied for for the last three years. If None then state None.

Company	Coverage	Limit	Deductible	Premium	Effective Dates
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	

Has any application for any of the coverages applied for herein ever been declined or cancelled, or have any been non-renewed? Yes No

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

Loss Experience

Date of Incident	Coverage Type	Loss Description	Amount Paid or Outstanding
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

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 _____ City, Country _____
(Company Name)

Name of Applicant's Representative _____ Title _____
(type or print) *(Owner, Officer, Partner or Managing Director)*

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 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

Coverage Section: 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

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 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

Coverage Section: 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 _____

Age of Building _____	Sprinkler System	Yes <input type="checkbox"/>	No <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

Warehouse Information

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 _____

Age of Building _____	Sprinkler System	Yes <input type="checkbox"/>	No <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

Coverage Section: Bailee Liability and/or Warehousemen's Liability *Continued*

Warehouse Information

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 _____

Age of Building _____	Sprinkler System	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Total Storage Area _____	Central Station Alarm System	Yes	No
		<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

Warehouse Information

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 _____

Age of Building _____	Sprinkler System	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

Total Storage Area _____	Central Station Alarm System	Yes	No
		<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.

Coverage Section: Bailee Liability and/or Warehousemen's Liability *Continued*

2. _____ %	Furs	_____ %	Electronics <i>(including but not limited to computers, related components, software, cellphones, tablets)</i>
_____ %	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, canceled, or has renewal been refused? Yes No
If yes, please attach explanation on a separate page.

5. **Deductible** Select desired limit for Bailee Liability.

- US\$1,000 US\$1,500 Other US\$ _____
 US\$2,500 US\$5,000 US\$10,000

Deductible Select desired limit for Warehousemen's Liability.

- US\$1,000 US\$1,500 Other US\$ _____
 US\$2,500 US\$5,000 US\$10,000

Coverage Section: 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 (including but not limited to computers, related 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

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, if receipts tracked separately \$ _____

Coverage Section: Motor Truck Cargo Legal Liability *Continued*

6. **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 attach explanation on a separate page.

7. **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 three years and attach company loss runs.

Date	Description	Amount

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\$1,500 Other US\$ _____
 US\$2,500 US\$5,000 US\$10,000

Coverage Section: 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 Please list all Financial Loss (E&O) claims for previous five years and attach company loss runs.

Date	Description	Amount

3. Previous Insurance

- (a) List similar Errors and Omissions 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 attach explanation on a separate page.

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

- US\$250,000 US\$500,000
- US\$1,000,000 Other US\$ _____

5. Deductible Select desired deductible for Motor Truck Cargo Legal Liability.

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

6. Do you have a Commercial General Liability Policy? Yes No

If yes, please list:

Company _____

Policy # _____ Expiration Date _____

Coverage - Endorsement: Contingent Cargo Legal Liability Insurance Coverage

1. **ICC Brokerage MC#** _____

2. **List any state filings**
 State _____ # _____
 State _____ # _____

3. **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.

4. **Deductible** Select Amount Desired (\$1,000 minimum)
 US\$1,000 US\$2,500
 Other US\$ _____

F5. **Annual Gross Receipts**
 2 Years Ago US\$ _____
 1 Year Ago US\$ _____
 Current Year US\$ _____

5. Approximate number of trailer moves per year? _____

	Yes	No
6. Does Applicant specialize in any one type of Merchandise? If yes , describe type _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Does Applicant primarily use a particular carrier? If yes , give name of carrier. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Does Applicant obtain certificates of insurance from authorized carriers?	<input type="checkbox"/>	<input type="checkbox"/>
9. 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. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Does Applicant have a standardized contract stating conditions and liability to customers and/or carriers? If yes , please attach a copy to this application.	<input type="checkbox"/>	<input type="checkbox"/>
11. Does Applicant arrange shipment for the following? If yes , what percentage of total revenues?		
<input type="checkbox"/> _____ % Furs	<input type="checkbox"/> _____ %	Electronics (including computers, related components and software)
<input type="checkbox"/> _____ % Explosives	<input type="checkbox"/> _____ %	Jewelry
<input type="checkbox"/> _____ % Liquor	<input type="checkbox"/> _____ %	Produce
<input type="checkbox"/> _____ % Pharmaceuticals	<input type="checkbox"/> _____ %	Seafood
<input type="checkbox"/> _____ % Swinging Beef	<input type="checkbox"/> _____ %	Tobacco Products
12. Does Applicant arrange for refrigerated shipments? If yes , What is the percentage of total shipments. _____ %	<input type="checkbox"/>	<input type="checkbox"/>
13. Is Applicant a member of any professional organization(s)? If yes , list organization(s). _____	<input type="checkbox"/>	<input type="checkbox"/>
14. What is the Applicant's primary geographic territory (states): _____		

Coverage - Endorsement: Contingent Cargo Legal Liability Insurance Coverage *Continued*

Yes No

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

If yes, describe. _____

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

Coverage - Endorsement: Contingent Auto Liability

1. **ICC Brokerage MC#** _____

2. **Limit of Liability Desired**

- \$250,000 \$500,000 \$1,000,000

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

- US\$1,000 US\$2,500 Other US\$ _____

4. Approximate number of shipments as a Property Broker per year, if tracked separately? _____

5. Does Applicant primarily use a particular carrier(s)? Yes No

If yes, give name of carrier(s). _____

6. Is a certificate of Insurance required from all carriers prior to use? Yes No

Is the limit of liability shown on the carrier's certificate of insurance always equal to or greater than the insurance you carry or are applying for? Yes No

If no, please explain. _____

7. Is Applicant a member of any professional organization(s)? Yes No

If yes, list organization(s). _____

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

Date	Description	Amount

9. Does Applicant have a standardized contract stating conditions and liability to carriers used? Yes No

If yes, please attach a copy to this application.

Coverage Section - Endorsement: 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? If yes, please 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