

Freight Forwarders Application

1. **INSURED:** Please include all subsidiaries/ divisions that need to be insured.

Full Name: _____

Address: _____

Telephone: _____ **Website** _____

Principal's Name: _____ **Title** _____ **Years of Exp.** _____

Years Applicant Company has been in operation? _____

2. **LOSS PREVENTION:**

Do you employ designated safety officers? Yes No

If Yes, whom? _____

Do you have a loss prevention program in effect? Yes No

If Yes, what training and education do you require for employees _____

3. **PRINCIPAL BUSINESS ACTIVITIES:**

A. Circle your current business activities and specify if coverage is required. Also describe your projected future business plans.

- Custom Broker
- Ocean Freight Forwarder
- Air Cargo Agent (IATA or other)
- Import Freight Forwarder
- Ocean Consolidator (NVOCC)
- Air Freight Forwarder (Consolidator)
- Shippers Agent
- Domestic Freight Forwarder
- Freight broker or Load broker
- Any other business (describe)

Note : The inclusion of 'other business' activity does not grant coverage to that activity, unless agreed by Insurer's.

B. Are you members of any provincial, national or international organization/associations? Yes No

If yes, please state name: i.e. CIFFA, CSCB, Other's:

C. Do you use CIFFA standard trading conditions: Yes No

If answer is NO, please provide copies of your current Bill of Lading or other contractual agreements.

Trading Areas: Please state percentages

Canada _____	U.S.A _____	Mexico _____
Central America _____	Caribbean _____	South America _____
Western Europe _____	Eastern Europe (excl Russia) _____	Russia _____
Other former CIS countries _____	China _____	Hong Kong _____
Asia/South East Asia _____	Other Asian countries _____	

East/West/Central African countries _____

Somalia _____

Middle East Countries excluding Israel, Iran, Iraq, Libya and Syria _____

All other Countries _____ Iran _____ Iraq _____

4. PERCENTAGES MOVED :

As a principal: (i.e. NVOCC) _____ As an Agent/Consolidator _____ Co-Load with others _____

5. TRAFFIC:

Sea: Percentage moved: Containerized _____ Break-bulk _____ Bulk _____

Do you consolidate containers? _____ Yes _____ No _____

Do you issue your own House Bill of Lading? _____ Yes _____ No _____ Please attach copy if yes

Do you transship cargo? _____ Yes _____ No _____

Does your B/L show transshipment port? _____ Yes _____ No _____

Is your B/L _____ Door to Door _____ Port to Port _____

Does Carrier issue B/L to you? _____ Door to Door _____ or Port to Port _____

AIR :

Do you issue your own House Airway bill Yes (Attach copy) No

Are you an IATA Agent? Yes No

ROAD/RAIL:

Trading Area To / From Canada USA Mexico S. America Central America

What percentage do you haul yourself? _____ %

Do you issue a B/L? Yes (Please attach a copy) No

What percentage is hauled with DECLARED VALUES? _____ %

Do you check your sub-contractors Cargo Legal Liability insurance ? _____

6. EQUIPMENT: Do you own or lease?

Trucks Yes No

Containers Yes No

Trailers Yes No

Swapbodies Yes No

Other conveyances (describe) Yes No

If answer is YES, please attach a schedule of the equipment by type and details.

7. WAREHOUSING: (not sub-contracted) What service do you provide?

Consolidation Deconsolidation Long Term Storage Refrigerated storage

Open (Outside) storage Terminal Local collection/delivery

Number of warehouses: _____ Total square feet? _____

Construction details: Construction, Security and Fire Protection details for each location

Please attach copies of conditions used: i.e. National Warehousing conditions, NFA, Warehouse Receipts Copy or any other.

8. SPECIAL CARGO'S:

- Project Reefer Bulk Tank Containers Alcoholic beverages
 Tobacco Products Perishable Cargo Electronic goods
 Household goods and Personal Effects Automobiles

Any other (specify):

9. Gross Receipts

Gross Freight Receipts (Upcoming Year) _____

Sea/Air _____

Road/Rail _____

Warehousing _____

Customs Broker _____

Total Gross Freight Receipts Current Year _____

Previous Year _____

Do you carry any General Liability insurance either as a separate policy or as part of a package? Yes No

If you are a consolidator issuing your own bill of lading, do you carry Cargo Legal Liability? Yes No

10: LIMITS OF LIABILITY AND DEDUCTIBLE REQUIRED:

Cargo Legal Liability Limit: _____

Errors & Omissions Sub-limit and in the annual aggregate: _____

Deductible _____ \$2,500 _____ \$5000 _____ \$10,000

11. FIVE YEARS CLAIMS RECORD:

Give the total amounts of all claims made against you (whether insured or not)

Pending claims including any pending legal actions against you should reflect amount which you expect to be liable (not the amount claimed) e.g. the amount to which you can limit your liability under your trading conditions. Please attach details of any paid or pending large claims:

Year	Paid Claims	Pending claims
Current year		

Have you ever had any previous policy cancelled or renewal declined? Yes No

If yes, please attach an explanation on a separate page, which shall become part of this application.

IT IS HEREBY UNDERSTOOD AND AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT OF INSURANCE SHOULD A POLICY BE ISSUED AND IT SHALL BECOME PART OF THE SAID POLICY.

SIGNATURE OF THE INSURED _____ POSITION _____

DATED: _____

**** A signed application is required upon binding ****