

FREIGHT FORWARDER MARINE APPLICATION

Name of Insured _____ Date _____
 Address _____

Contact Person/Title _____ Phone # _____ Fax # _____

Years in Business: _____

List other locations and indicate type of business: _____

Member of CTPAT? YES NO

Approx. number of customers: _____

Approx. number for which you purchase insurance: _____

Description of Goods (List specialty, if any, and types of high volume commodities of existing clients):

How Valued? If other than CIF + 10%, indicate:

	AIR		SEA		TRUCK/RAIL	
Annual value of import shipments	_____		_____		_____	
Percent of those insured	_____	%	_____	%	_____	%
Annual value of export shipments	_____		_____		_____	
Percent of those insured	_____	%	_____	%	_____	%
Highest Value Shipped	_____		_____		_____	
What percent of sea shipments are in Full Container Loads?			_____		_____	%
What percent of sea shipments are LCL?			_____		_____	%
What percent of sea shipments are not containerized? (breakbulk)			_____		_____	%
Describe packing: (i.e. use 20' containers, each press is blocked & braced) _____						

What percent of goods are shipped to or from the following geographical areas?

Far East, Pacific Rim, Australia, and New Zealand	_____	%
Europe (<i>excluding former USSR and Yugoslavian countries</i>)	_____	%
Former U.S.S.R and Yugoslavian countries	_____	%
Middle East (<i>excluding Iran, Iraq, and Lebanon</i>)	_____	%
Caribbean	_____	%
South and Central America (<i>excluding Bolivia & Paraguay</i>)	_____	%
Africa (<i>excluding West African countries, Libya, Nigeria & Angola</i>)	_____	%
West African countries	_____	%
All other countries (<i>excluding Afghanistan</i>)	_____	%

Please provide details of regular shipments, if any, to excluded countries listed in italics

Are there any shipments not involving the U.S.A.? Yes No

If yes indicate: _____



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Limits of Liability:

Any One Vessel:	\$ _____
On Deck:	\$ _____
Any One Aircraft:	\$ _____
Any One Metal Barge or any One Tow: (other than as a connecting conveyance)	\$ _____
Domestic Truck or Rail Car:	\$ _____
Any One Package (Mail or Parcel Post):	\$ _____
By Courier:	\$ _____
Any One Place/Any One Time	\$ _____

List all losses (paid or outstanding claims) during the last 3 policy years:

YEAR	AMOUNT PAID OR RESERVED	NO. OF CLAIMS	DETAILS OF LOSSES (OVER \$5,000)

Current Insurance Carrier: _____

Storage Risks? Yes No If Yes, please furnish the information below.

How Valued? If other than CIF + 10%, indicate: _____

Reporting Period: Monthly Quarterly Semi-Annual Annual

Describe type of goods stored _____

Storage Locations

Address _____			
Owned <input type="checkbox"/>	Limit of Liability	\$	_____
Leased <input type="checkbox"/>	Average Value	\$	_____
	Maximum Value	\$	_____
Building Construction _____			
Security (Check those that apply): Alarm <input type="checkbox"/> Watchman <input type="checkbox"/> Fence <input type="checkbox"/> Sprinkler System <input type="checkbox"/>			
Is Alarm System UL Approved?		Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes list Alarm Grade and Extent _____
Are locations used for processing?		Y <input type="checkbox"/> N <input type="checkbox"/>	(attach Certificate) _____
Do you need inventory coverage only?		Y <input type="checkbox"/> N <input type="checkbox"/>	
Describe the types of operations conducted on all sides adjoining the warehouse: _____ _____			

Alternatively, attach a list of all locations to this application, making sure to answer all questions.



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NVOCC Legal Liability (attach copy of house waybill and invoice)

Average number of containers per month:	Full containers	<input type="text"/>
	LCL	<input type="text"/>
	Breakbulk	<input type="text"/>
Percent of containers Insured:		<input type="text"/>
Percent of containers CY/CY		<input type="text"/>

Air Carrier Legal Liability (attach copy of house airway bill and invoice)

Estimated gross weight per month shipped under HAWB's	<input type="text"/>
Percent of shipments with declared value for carriage where you are not asked to provide insurance	<input type="text"/>
Percent of shipments where you are asked to provide cargo insurance	<input type="text"/>

Limits of Liability

	<u>LIMIT</u>	<u>DEDUCTIBLE</u>
NVOCC LEGAL LIABILITY	<input type="text"/>	<input type="text"/>
AIR LEGAL LIABILITY	<input type="text"/>	<input type="text"/>

		<u>YES</u>	<u>NO</u>
Do you have an exposure to:	Motor Truck Legal Liability	<input type="checkbox"/>	<input type="checkbox"/>
	Warehouse Legal Liability	<input type="checkbox"/>	<input type="checkbox"/>
	Bailee Liability	<input type="checkbox"/>	<input type="checkbox"/>
	Packing/Crating Liability	<input type="checkbox"/>	<input type="checkbox"/>

If yes, a separate application will be required to obtain a quote.

Loss History

Attach premium and loss information in each of the last 3 years that would have been covered by Marine Liability Insurance. Please detail any losses in excess of \$5,000 (I.E. date, cause of loss, commodity, country, disposition)



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SUPPLEMENTAL LOCATION FORM

Address _____

Owned	<input type="checkbox"/>	Limit of Liability	\$	_____
Leased	<input type="checkbox"/>	Average Value	\$	_____
		Maximum Value	\$	_____

Building Construction _____

Security (Check those that apply): Alarm Watchman Fence Sprinkler System

Is Alarm System UL Approved? Y N If Yes list Alarm Grade and Extent _____

Are locations used for processing? Y N (attach Certificate) _____

Do you need inventory coverage only? Y N

Describe the types of operations conducted on all sides adjoining the warehouse:

Address _____

Owned	<input type="checkbox"/>	Limit of Liability	\$	_____
Leased	<input type="checkbox"/>	Average Value	\$	_____
		Maximum Value	\$	_____

Building Construction _____

Security (Check those that apply): Alarm Watchman Fence Sprinkler System

Is Alarm System UL Approved? Y N If Yes list Alarm Grade and Extent _____

Are locations used for processing? Y N (attach Certificate) _____

Do you need inventory coverage only? Y N

Describe the types of operations conducted on all sides adjoining the warehouse:

Address _____

Owned	<input type="checkbox"/>	Limit of Liability	\$	_____
Leased	<input type="checkbox"/>	Average Value	\$	_____
		Maximum Value	\$	_____

Building Construction _____

Security (Check those that apply): Alarm Watchman Fence Sprinkler System

Is Alarm System UL Approved? Y N If Yes list Alarm Grade and Extent _____

Are locations used for processing? Y N (attach Certificate) _____

Do you need inventory coverage only? Y N

Describe the types of operations conducted on all sides adjoining the warehouse:
