

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
TWO HUDSON PLACE, FOURTH FLOOR
HOBOKEN, NEW JERSEY 07030
PHONE (201) 653-6100
FAX (201) 533-8611



FREIGHT FORWARDER LEGAL LIABILITY AND E&O INSURANCE APPLICATION

Company Information

Company Name _____

Company DBA Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____

Phone Number _____ Fax Number _____

Email Address _____

Website _____

Years in Business _____ Public Corporation _____ Private Corporation _____

Number of Employees _____ Number of Branches _____

Company Type

_____ Freight Forwarder	_____ Trucker	_____ Domestic Property Broker
_____ N.V.O.C.C.	_____ Ship's Agent	_____ Warehouse Operator
_____ Air Cargo Agent	_____ Customs Broker	_____ Other

Existing Policies

Please advise if you have a current policy in place for the following:

_____ Marine Cargo	_____ E&O/Cargo Liability	_____ Bailee	_____ Motor Truck Cargo
_____ P&I	_____ Property/GL	_____ Warehouse Legal	_____ Excess/Umbrella

Commodities

Please list main commodities handled: _____

Please Indicate percentage and maximum value for each for the following:

Various General Cargo	_____ (%)	Temperature Controlled Goods	_____ (%)
	_____ (MAX)		_____ (MAX)
Liquor/ Tobacco	_____ (%)	Personal Effects	_____ (%)
	_____ (MAX)		_____ (MAX)
Bulk shipments	_____ (%)	Electronic Equipment	_____ (%)
	_____ (MAX)		_____ (MAX)
Project Cargo	_____ (%)	Tank Cargo	_____ (%)
	_____ (MAX)		_____ (MAX)

Do you offer cargo insurance in writing on each shipment handled? Yes _____ No _____

Trading Lanes

Please indicate the principal trading areas by percentage:

USA/Canada	_____	Europe	_____	Middle East	_____
Mexico	_____	Australia/New Zealand	_____	Far East:	_____
Central America	_____	CIS:	_____	India/Pakistan:	_____
South America	_____	Africa	_____	Other	_____

Freight Forwarding Operations

Please provide the modes of transportation by percentage of operations.

International Ocean _____ International Air _____ Domestic Air, Rail, Truck _____

What percentage of shipments are containerized? _____

What percentage of shipments are break bulk? _____

What percentage of traffic do you carry as the principal? _____

What percentage of traffic do you carry as the agent? _____

What percentage of traffic do you co-load with others? _____

Conditions of Business

Please indicate which of the following conditions apply to your business as well as by percentage? (check all that apply and attach hard copies)

_____ NVO 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: _____

IB&M WILL CONDUCT A REVIEW OF LIABILITY LIMITS UPON REQUEST.

Do you require evidence of insurance from subcontractors? _____ Yes _____ No

Do you accept cargo on a "Value Declared" basis? _____ Yes _____ No

Please list the most commonly used carriers: _____

Customhouse Brokerage & ISF

Approximate number of customs entries handled each month? _____

What percentage of your business originates from freight forwarders? _____

Do you handle entries subject to AD/CVD? If so, what percentage? _____

Do you provide ISF services? If so, approximate number filed per month? _____

What percentage of your importers are on the ACH/PMS? _____

Does your company ever act as the importer of record for entries? _____ Yes _____ No

Once cleared, do you arrange for cargo delivery? _____ Yes _____ No

Transport Operations & Charters

Do you own and operate a fleet of vehicles? _____ Yes _____ No

If yes, what percentage does each category below represent

< 100 miles _____ < 250 miles _____ > 250 miles _____

Do you need insurance filings (i.e. BMC 34) made on your behalf? _____ Yes _____ No

Do you perform rail stack operations? _____ Yes _____ No

Do you operate as a rigger? _____ Yes _____ No

Do you consolidate ULD's? _____ Yes _____ No

Do you charter aircrafts or vessels? _____ Yes _____ No

If yes, what type of charter(s)? _____

Do you consolidate containers? _____ Yes _____ No

Do you require subcontractors to carry limits equal or greater than yours? _____ Yes _____ No

Warehousing, Distribution & Consolidation

Do you own & operate warehouse(s) 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

Is your facility equipped to handle reefer storage? _____ Yes _____ No

What is the square footage of your largest warehouse? _____

Volume

Please provide Gross Freight Receipts (GFR) for each of the following operations:

Operations	Total Gross Freight Receipts
Ocean	
Air	
Domestic	
Custom Brokerage	
Warehouse Storage	
Total	

PLEASE NOTE GROSS FREIGHT RECEIPTS ARE TOTAL BILLING LESS DUTIES AND TAXES

Current E&O Policy

Who is your current E&O broker & carrier _____

When does existing insurance policy expire? _____

Is the current policy claims made or occurrence based? _____ Claims Made _____ Occurrence

Current policy limit of liability and deductible: _____ Limit _____ Deductible

Has insurance ever been cancelled/declined for any reason? _____ Yes _____ No

Loss History Paid

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

Please attach a hard copy of loss history.

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.

I HEREBY CERTIFY ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE:

Name

Title

Date