



OCEAN TRANSPORTATION INTERMEDIARY (OTI)

Check Applicable FF ___ NVOCC ___ Both ___ China Rider ___

NAME _____ Contact _____

DBA NAME IF ANY _____ PHONE # _____

ADDRESS _____ Email _____

CITY _____ STATE _____ ZIP _____

PLEASE LIST ALL OPERATING BRANCHES (USE 2ND SHEET IF NECESSARY)

1. _____ 2. _____

3. _____ 4. _____

IRS# _____ LICENSE # _____

SCAC CODE _____ YEARS IN BUSINESS _____

E&O (ERRORS & OMISSIONS) CARRIER _____ Please provide copy

CARGO LEGAL LIABILITY INSURANCE CARRIER _____

LIMITS _____ RENEWAL DATE _____

MARINE CARGO INSURANCE PROVIDER _____

IF OTHER THAN IB&M PLEASE PROVIDE FOLLOWING RENEWAL DATES

CURRENT CUSTOMS BONDS ON FILE IF ANY _____

CURRENT BOND PROVIDER IF ANY _____ Surety _____

CURRENT FF BOND # _____ CURRENT NVO BOND # _____

PLEASE SUBMIT CURRENT AUDITED FINANCIAL STATEMENTS ALONG WITH THIS APPLICATION. ALL FINANCIAL STATEMENTS ARE FOR UNDERWRITING PURPOSES ONLY.

I HEREBY CERTIFY ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE.

NAME _____ TITLE _____ DATE _____