

Transportation Cargo Application

SECTION I: Must be completed by all applicants

Name of Insured: _____ Date: _____

Address: _____

Contact Person/Title: _____ Phone #: _____ Fax #: _____

Email Address: _____

Years In Business: _____ If less than 3 years, please attach resume.

Nature of business: _____

FMC # _____ ICC # _____ PUC # _____ SCAC # _____

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Registered with International Air Transport Association (IATA) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Member of Custom Trade Partnership Against Terrorism (CTPAT) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Has applicant ever been suspended by the Defense Travel System (DTS) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Do you keep on file certificates for the origin and destination agent? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Are certificates updated annually per policy expiration date? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Do you act exclusively as a customs broker? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Are you involved with waste materials, bulk commodities? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Do you deal with chemical, biological, bio-chemical or electromagnetic devices? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| If you are a Freight Forwarder: Do you act EXCLUSIVELY as a Custom Broker? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Do you carry Errors and Omissions Insurance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

Please complete the following for the past four years:

Year	Marine Premium	Losses Paid and Outstanding	Principal Cause of Loss

Section II: Domestic (Complete if you hold Domestic Authority)

A. Revenue & Operations:

	Estimated Revenue:	Percent of Operation:
Household Goods:	\$ _____	_____ %
Office & Industrial:	\$ _____	_____ %
Electronics:	\$ _____	_____ %
Military or Government:	\$ _____	_____ %
Miscellaneous:	\$ _____	_____ %
Total Annual Revenue:	\$ _____	_____ %

Annual Tonnage: _____

B. What percentage of operation is: Local (within 50 miles) _____% Intrastate: _____% Interstate: _____%

C. What percentage of operations are:

Moving Goods under own authority: _____% Self-Haul: _____% Sub-Hauler: _____%
 Moving Goods under Van Line or Other Authority: _____%

D. Coverage and valuation:

	Limits of Liability:	Percent of Valuation
Per Truck:	\$ _____	.60/lb _____ %
Per Occurrence:	\$ _____	1.25/lb _____ %
Deductible:	\$ _____	FRV/lb _____ %

(Include Military here)

Estimated Annual Values Shipped for the next 12 months in transit: \$ _____

Estimated Annual Values in Storage for the next 12 months: \$ _____

Are you a van line agent? YES NO If **YES**, Name of Van Line _____

Any prior insurance ever been declined, cancelled or non-renewed with the past 3 years? YES NO

If yes, please provide explanation: _____

Section III. International (Complete if you hold International Authority)

Annual Tonnage: _____

Estimated International Annual Revenue _____

Military Channels Used _____

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)

Type of Shipments:

Family First: _____ %	Non-Military: Office & Industrial _____ %
GSA _____ %	General Commodities _____ %
	Electronics: _____ %
	Household Goods _____ %

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 Less than Container Load? (LCL)		_____ %	
What percent of sea shipments are not containerized? (Break-bulk)		_____ %	
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?

Domestic U.S. Shipments	_____ %
Far East, Pacific Rim, Australia and New Zealand	_____ %
Europe (<i>excluding former USSR and Yugoslavian countries</i>)	_____ %
Former USSR 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	_____ %

Please provide details of other 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: _____

Section IV: All applicants must provide the following:

- Currently valued loss runs for the prior 4 years
 - A complete copy of the current policy and rate schedule
 - Financial Statement including Profit and Loss Statement AND Balance Sheet
 - Proof of Registration with the IATA, if applicable
 - Proof of Registration with Domestic and International Program, if applicable
 - NVOCC Legal Liability house waybill and invoice, if applicable
 - Air Legal Liability house waybill and invoice, if applicable
 - Sample Bill of Lading
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I understand that the above information and loss exhibits attached, which are correct and complete to the best of my knowledge, is to be the basis of insurance quotation, if granted, but does not obligate me to accept the insurance, nor the company to accept the risk.

Signature of applicant: _____

Date: _____

Insurance Agency: _____

Contact #: _____

Signature of person completing application: _____

Date: _____

Acronym Glossary:

- CTPAT – Custom Trade Partnership Against Terrorism**
- DTS – Defense Travel System**
- IATA – International Air Transport Association**
- LCL – Less than Container Load**
- NVOCC – Non-Vessel-Operating Common Carrier**