

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.  
TWO HUDSON PLACE, FOURTH FLOOR  
HOBOKEN, NEW JERSEY 07030  
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## 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 3<sup>rd</sup> 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.

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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