

FREIGHT SERVICES LEGAL LIABILITY POLICY APPLICATION



Please use block letters and tick boxes where appropriate. If requested, please provide further details in the boxes provided. If there is insufficient space please use an additional sheet of paper. A copy of the completed application will be supplied on request but you should keep a record of any information you provide for the purpose of entering into this contract of insurance.

PART A - GENERAL

Agent / Broker:																
Applicant:				Year of Foundation:												
Address:				# of Staff:												
Other Offices At:				Paid-Up Capital:												
Policy Period:	DD	MM	YYYY	to:	DD	MM	YYYY	Member of:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CIFFA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CSCB	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. PRINCIPALS

Name	Title	Years Experience

2. LOCATION OF PREMISES

	Owner	Lessee	Tenant
(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. DETAILS OF OPERATIONS AT EACH LOCATION

(i)	
(ii)	

PART B - CARGO LEGAL LIABILITY INSURANCE

1. TRADING AREA (% OF TRAFFIC):

N. America	%	W. Europe	%	E. Europe	%	Middle East	%	Africa	%
Far East	%	Other Asia	%	Australasia	%	C. America/ Caribbean	%	S. America	%
Percentage moved:	%	as a principal (e.g. -NVOCC)	%	as an agent	%				

2. SEA TRAFFIC

% of traffic moved is:	Containerised	%	Breakbulk	%	Bulk	%			
Do you consolidate/stuff containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does your B/L show transshipment port?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Do you issue your own House B/L? (If "Yes" please supply a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your B/L?	<input type="checkbox"/> door/door	<input type="checkbox"/> port/port				
Do you transship cargo?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does carrier issue B/L to you?	<input type="checkbox"/> door/door	<input type="checkbox"/> port/port				
Do you issue FIATA Bills of Lading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any other Combined Transport Documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

3. AIR TRAFFIC

Do you issue your own house airwaybill (If "Yes" please supply a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you an IATA agent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------	-----------------------	------------------------------	-----------------------------

4. ROAD TRAFFIC

TRADING AREA (% OF TRAFFIC):					
USA	%	Canada	%	Other	% Specify
What % do you haul yourself: (please attach a list of own vehicles and trailers)	%	Do you issue a B/L? (If "Yes" please supply a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
% of traffic hauled with declared values: (If Yes, get total values & description of cargo)	%	Do you annually check your subcontractors cargo liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. WAREHOUSING (not subcontracted)

What services do you provide: Consolidation/Deconsolidation Long term storage
 Refrigerated storage Local collection/delivery

Number of warehouses: Total sq. metres:

Please attach construction/security details of each location (if different from those outlined in SECTION 1)

Conditions used: National Warehousing Conditions Other (please specify):

Do you perform any customs brokering? Yes No Receipts \$

6. SPECIAL CARGO (# of shipments annually):

Value: \$

Project	Reefer	Tank Containers	Spirits &/or Tobacco	Perishable Cargo
Household Goods & P.E.	Motor Vehicles	Clothing &/or Footwear	Bottled Perfumery	Audio/Video Equipment
Pre-Recorded Media CD's, DVD's, Tapes, etc.	Non Ferrous Metal - Coils, sheets, tubes, bars, ingots, scrap, etc	Computer Equipment, software, elec. accessories, games, etc.	Other (please specify)	

7. VOLUMES (TEU's or tonnages (Gross Freight Receipts [G.F.R]))

	CURRENT YEAR		NEXT YEAR	
	Tonnes	G.F.R.	Tonnes	G.F.R.
Sea	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Road	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Warehousing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. LIMITS REQUIRED

Cargo Legal Liability: \$

PART C - ERRORS & OMISSIONS

1. Non-incorporation of contract conditions

Do you require cover for your liability at common law under any operative section of the policy for accidental failure to incorporate your contract conditions into the contract with your customer? Yes No
 If "Yes", will you:

- a. instruct your staff in writing to tell customers of the contract conditions applicable when:
 - i. verbally quoting for business? Yes No
 - ii. confirming quotations in writing? Yes No
- b. include a clear wording on all stationery used to communicate with customers stating that all business is transacted subject to your contract conditions and that copies are available on request? Yes No
- c. make copies of your contract conditions available to customers on request? Yes No

If "No", to any of the above, please tell us in the box below how customers are made aware of your contract conditions and enclose copies of any documents used.

IMPORTANT: If you use more than one set of contract conditions, please enclose specimen copies of all stationery (including facsimile headers) used by you in communications with customers.

2. Errors and omissions

Do you require cover for your liability for claims made against you for breach of duty in the course of the conduct of your business?

Yes No

If "Yes", please provide the following information:

a. Please tick the business activities for which you require this cover:

Road haulage Warehousing Freight forwarding Other

If "Other", please provide details in the box below

b. How many partners, directors, principals and staff are employed in the business?

c. Will you obtain and retain at least two satisfactory references from reliable sources for all new managerial and clerical employees engaged after the inception of this insurance?

Yes No

If "No", please tell us in the box below how such prospective employees are (or will be) vetted

d. Do you ever contract to make or collect payments on behalf of customers or principals?

Yes No

e. The standard limits of liability for the Errors and Omissions extension to our policy are:

i. \$250,000 for all claims arising out of any one event or made during any one annual period of insurance

If these standard limits are inadequate for your needs please state the limit required for:

i. all claims arising out of any one event or made in any one annual period of insurance

\$

f. Are you, any director, partner, predecessor or employee aware of any circumstances that might result in:

i. a claim against you or them under this extension?

Yes No

ii. any losses or expenses being incurred which might be within the terms of this extension?

Yes No

If "Yes", please provide details in the box below

DATE	DETAILS	ESTIMATED COST

3. Other services or activities

Do you require cover for your liability for damage to property during packing, processing or any other service or activity undertaken by you or on your behalf which is not provided for elsewhere in this proposal form?

Yes No

If "Yes", please provide details in the box below

DETAILS OF SERVICES OR ACTIVITIES	ESTIMATED RECEIPTS

Do you take steps to limit your liability for these "other" services?

Yes No

If "Yes", how?

4. Customs Duty & Tax

Do you perform any Customs brokering?

 Yes

 No

Receipts \$

PART D - MARINE OPEN CARGO INSURANCE

1. List your largest clients and the main types of cargo likely to be carried, handled or warehoused by you:

Estimated # of shipments insured last year:	<input type="text"/>	Estimated # handled last year:	<input type="text"/>	Estimated Value	\$ <input type="text"/>
Maximum limit required:	any one conveyance \$ <input type="text"/>	any one location		\$	<input type="text"/>

Do you require cover for long-term storage? Yes No

The basis of valuation will be CIF+10%; are there any customers requiring more than this? Yes No
 (If "Yes" please supply a copy)

Do you have any major shippers who could be offered special rates and conditions? Yes No
 (If "Yes" please supply a copy)

Have you received training or a manual to assist you in the development of your insurance service? Yes No

2. PREMIUM / LOSS EXPERIENCE (Please attach details of any large claims, either pending or paid.)

YEAR	MARINE CARGO	FF LEGAL	LEGAL LIABILITY CLAIMS (incl. E & O)		MARINE CARGO CLAIMS	
	PREMIUMS	PREMIUMS	PAID LOSSES	OUTSTANDING	PAID LOSSES	OUTSTANDING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART E - PREVIOUS INSURANCE

1. NAME OF PREVIOUS INSURERS:

a) Property and Casualty

b) Cargo Legal Liability

c) Marine Cargo

2. Have you ever had any previous policy cancelled: (If "Yes", please state which type of insurance and the reason) Yes No

The information set forth in this application is warranted correct and a true basis on which insurance may be granted, but in no way binds the applicant to accept quotation or insurers to accept risk.

Date

Applicant's Signature