



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) YES NO N/A

Member of Custom Trade Partnership Against Terrorism (CTPAT) YES NO N/A

Has applicant ever been suspended by the Defense Travel System (DTS) YES NO N/A

Do you keep on file certificates for the origin and destination agent? YES NO N/A

Are certificates updated annually per policy expiration date? YES NO N/A

Do you act exclusively as a customs broker? YES NO N/A

Are you involved with waste materials, bulk commodities? YES NO

Do you deal with chemical, biological, bio-chemical or electromagnetic devices? YES NO

Please complete the following for the immediate past five 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:	\$ _____	

B. What percentage of operation is:

Local (within 50 miles)	_____ %
Intrastate	_____ %
Interstate	_____ %

C. What percentage of operation is:

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)

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 explanantion: _____

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

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 (*excluding former USSR and Yugoslavian countries*) _____ %

Former USSR and Yugoslavian countries _____ %

Middle East (*excluding Iran, Iraq, and Lebanon*) _____ %

Caribbean _____ %

South and Central America (*excluding Bolivia & Paraguay*) _____ %

Africa (*excluding West African countries, Libya, Nigeria & Angola*) _____ %

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 3 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

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