



Freight Agents Legal Liability Application

The questions contained in this form are designed to give Insurers information regarding your business. It cannot always cover every aspect and it is your duty to disclose all material information to insurers that may affect the premium or conditions.

Other office information

Contact	Address

Numbers of staff employed in the following categories:

Directors/Senior Management	
Senior Technical	
Clerical/Secretarial	
Operational	
Drivers	
Warehousemen	
Others (Please Specify)	

Operations for which you require insurance:-

Freight Forwarder	
Receiving Agent	
NVOCC Air / Ocean	
CHB	
Warehousing	
Distribution	
Consolidation/Deconsolidation	

Please provide experience and background information regarding your organization:

OPERATIONAL INFORMATION

You should be operating under BIFA, CMR, COGSA/Hague Visby, Warsaw Convention or under the conditions of FIATA. You will need to provide a copy of the Contract/Trading Conditions for Underwriter's approval.

Please advise if you issue any of the following transport documents:

Type of Document	Check Box
NVO HB/L Air or Ocean	
Multimodal Document	
Carrier Ocean B/L	
Carrier Airway Bill	
Freight Forwarder Bill	
Dock / Warehouse Receipt	

Percentage of trade to and from the following areas:

	Domestic Ground	Domestic Air	Sea Container	Sea Bulk	International Air
USA/Canada					
Mexico					
C/S America					
Middle East					
Europe					
Australia					
Caribbean					
India/Pakistan					
China					
Far East					
Africa					
Totals					

Please provide GFR's (gross freight receipts) for all covered operations:

Next 12 Months	
Current Year	
Current Year Less One	

Limits and deductibles you require:

Coverage	Limit	Deductible
Cargo Legal Liability		
Errors & Omissions		
Warehouse		

