

L.A.M.B.

INTERNATIONAL INSURANCE BROKERS

Freight Services Legal Liability Application

COMPANY NAME:

MAILING ADDRESS:

PHYSICAL ADDRESS:

TELEPHONE NUMBER: _____

FAX NUMBER: _____

e-mail ADDRESS: _____

1. COMPANY INFORMATION

A.) Date established _____

B.) Legal Status: Proprietorship Partnership Corporation Other

C.) Total Number of Employees _____

D.) Total Number of Officers/Partners _____

E.) Number of branches and addresses _____

F.) Name and address of any subsidiary, affiliated or associated company which you wish to be included within the scope of this cover. Please give brief details of commercial or trading relationship and details of the company's activities.

2. REVENUES

Please complete this section carefully as its content will reflect the areas of cover provided and the premium quoted. Please show estimates of turnover (revenue) in your usual trading currency.

A.) Current Year's Gross Revenue (Earnings): _____

B.) Next Year's Estimated Gross Revenue (Earnings), split by the following categories:

i.) As Freight Forwarder acting as agent only for sea, air, road, and rail movements

ii.) As Freight Forwarder acting as principal / NVOCC for F.C.L. movements

iii.) As Freight Forwarder acting as principal / NVOCC for L.C.L. movements

iv.) As Freight Forwarder acting as principal / NVOCC for Breakbulk movements

v.) As Freight Forwarder issuing Airway bills _____

vi.) As Freight Forwarder acting as principal but sub-contracting rail and haulage transits

vii.) As warehouse keeper contracting under local warehousing terms and conditions (copies to be supplied) _____

viii.) As Customs/Clearance Brokers _____

Total _____

3. DOCUMENTATION AND TRADING CONDITIONS

A.) How do you convey and incorporate your trading conditions to your clients?

B.) Do you obtain back to back bills of lading for N.V.O.C.C. bills of lading issued by your company? _____

C.) If you are involved in warehousing operations please state the number of warehouses and locations.

i.) Do you own, lease or rent warehouse locations?

ii.) Under what trading conditions do you contract for warehousing? How do you convey and incorporate these trading conditions to your client?

iii.) Do you physically load, unload, etc.? If yes, please give details and indicate under what trading conditions you complete these activities.

Please supply, if appropriate, copies of:-

- * Your standard trading conditions as a freight forwarder
- * Your N.V.O.C.C. bill of lading
- * Your house air waybill
- * Warehouse trading conditions
- * Your road/rail consignment note
- * Any other trading terms relating to your legal liability under this proposal

v.) Do you issue 'T Forms', 'Carnets' or similar customs related transit documents for which you require legal liability insurance in the event they are not correctly discharged or are failed to be discharged? _____

If you answer 'Yes' please state annual number issued of:

T FORMS _____ CARNETS _____
Other documents (please specify nature) _____

Please note cover is not provided for 'T Forms', 'Carnets' or other customs related transit documents in respect of the carriage of full loads of wine, spirits, cigarettes and tobacco products. Cover is not provided for any fines or penalties imposed by the authorities of the C.I.S.

4. CLAIMS RECORD *net of any deductible* (Minimum three years)

PAID CLAIMS		OUTSTANDING
<u>YEAR</u>	<u>NUMBER / DOLLAR VALUE</u>	<u>NUMBER / DOLLAR VALUE</u>
19__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____
CURRENT YEAR:		
20__	_____	_____

5. COVERAGE

A.) WHICH OPERATION(S) DO YOU WISH TO INSURE?

- | | |
|---|---|
| <input type="checkbox"/> Freight Forwarder as Agent | <input type="checkbox"/> Freight Forwarder as Principal |
| <input type="checkbox"/> Customs Broker | <input type="checkbox"/> Warehousekeeper |

B.) WHICH COVERAGE SECTIONS DO YOU REQUIRE?

- | | |
|---|---|
| <input type="checkbox"/> Freight Services Legal Liability | <input type="checkbox"/> Errors & Omissions |
| <input type="checkbox"/> Fines, Duties, and Penalties | |

C.) WHAT LIMITS AND DEDUCTIBLE DO YOU REQUIRE?

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> other \$_____ |

D.) WHAT ARE THE DETAILS OF YOUR CURRENT COVERAGE?

ADDITIONAL INFORMATION

(Please set out any other information relevant to the insurance of your business)

IMPORTANT INFORMATION

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the Contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

DECLARATION

I/We declare that to the best of my/our knowledge and belief, the information given above is true and that I/We have not suppressed or misstated any material facts. (*A material fact is one likely to influence an underwriter's assessment or acceptance of this proposal*).

Signed

Title of Signatory

Date_____

This proposal form must be completed and signed by a person who is authorized to bind the proposer.

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Please return to:

LAMB AGENCY FOR MARINE & BONDS, INC.

P.O. BOX 341895

AUSTIN, TEXAS 78734

TEL (409) 762-1444

e-mail: rklamb@lambagencies.com

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