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Application for Freight Forwarders & Custom Broker Insurance Package

Insurance for
Things That Move.™

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

Section 1 – General Information

Legal Name & Mailing Address

Risk Address (if different than above)

Member of CIFFA
 Other

Years in Business

Affiliates, subsidiaries, related companies (details)

No of Employees

Canada_____ USA_____

Contact Name_____

Payroll

Phone_____ Fax_____

No. of Branches

E-Mail_____ Website_____

Public / Private

Company Type

- Freight Forwarder Trucking Tank Container
 N.V.O.C.C Ship's Agent Warehouse
 Air Cargo Agent Customs Broker
 Other (specify) _____

As a Customs Broker, what is the approximate number of entries handled in a 12-month period?

Section 2 – Loss Prevention

Do you employ a designated safety officer?

Yes No

If yes, please provide their name & duties

Do you have a loss prevention program in effect?

Yes No

If yes, describe training and frequency of safety meetings

Section 3 – Quality Control

Does your company currently hold certification by a recognized quality management organization (for example, ISO 2000/9000)?

Yes

No

If yes, please specify?

Section 4 - Operations

Please advise the types of transport most commonly used and the areas you most commonly ship to/from

Methods of Transport

International Ocean	%	Domestic Air	%
International Air	%	Domestic Truck	%
		Domestic Rail	%
As a principal %	As an agent %	Co-load with others %	
Containerized %	Bulk %		

Areas

USA/Canada	%	India/Pakistan	%
Mexico	%	China	%
Central/South America	%	Far East	%
Middle East	%	Africa	%
Europe	%	South Africa	%
C.I.S.	%	Australia	%

Section 5 - Volume

Estimated Gross Freight Receipts (GFR):

	Current Year	Next Year
Freight Forwarder / NVOCC / Air Charter		
Broker		
Trucking (for owned/operated trucks)		
Warehousing (for owned/operated warehouses)		
Revenue from Customs Broking		
Other (please specify)		
TOTAL:		

PLEASE NOTE GROSS FREIGHT RECEIPTS ARE TOTAL BILLING LESS DUTIES AND TAXES

Section 6 – Modes of Traffic

<p>Do you own and operate trucks used to move cargo?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, what percentage of Domestic Road traffic is carried as follows:</p> <table> <tr> <td>Up to 100 km</td> <td>Up to 250 km</td> <td>Excess of 250km</td> </tr> <tr> <td>%</td> <td>%</td> <td>%</td> </tr> </table>	Up to 100 km	Up to 250 km	Excess of 250km	%	%	%
Up to 100 km	Up to 250 km	Excess of 250km					
%	%	%					
<p>Do you act as a carrier either by contract or some other agreement with trucking nationwide?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you need insurance filings (for example, BMC34 cargo liability) made on your behalf?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>Do you perform rail stack operations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you operate combined air/sea services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>Do you consolidate ULD's?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you charter aircraft?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what type of charter? _____</p>						
<p>Do you charter vessels?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what type of charter? _____</p>	<p>Do you consolidate containers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>What percentage of traffic is shipped under your Bill of Lading?</p> <p>% _____</p> <table> <tr> <td>Door to Door</td> <td>Port to Port</td> </tr> <tr> <td>%</td> <td>%</td> </tr> </table>	Door to Door	Port to Port	%	%	<p>Do your subcontractors limit their liability to a differing level than that of your own?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Door to Door	Port to Port						
%	%						

Section 7 – Warehousing/Distribution and Consolidation

<p>Do you operate your own warehouse, with your own personnel?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you perform consolidations within your warehouse?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you perform de-consolidations within your warehouse?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you handle long-term operations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you hold stock for 3rd parties or act as a distribution location?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have refrigerated storage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you provide open (outside) storage facilities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have hazardous storage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section 8 – Cargo

What percentage of your traffic does the following represent?

Personal Effects	%	Temperature Controlled Goods	%
Liquor/Tobacco	%	Various General Cargo	%
Bulk Shipments	%	Electronic Equipment	%

Project Cargo	%	Hazardous Cargo	%
Do you currently have cargo insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you require cargo insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 9 – Maximum Values

Estimate the maximum value at risk for the following:

Any one shipment of general cargo via ocean or air transportation	Any one shipment of general cargo via vehicle or road transportation	Any one shipment of personal effects or household goods
Any one shipment of liquor or tobacco		Any one shipment of temperature controlled goods

Section 10 – Conditions of Business

Which of the following apply to your business? (check all that apply and forward hard copies)

Own House 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 _____

Do you require evidence of insurance from subcontractors? Do you accept cargo for shipments on a "Value Declared" basis?
 Yes No Yes No

Do you include a hold harmless clause your favour for any contracts with your sub-contractors Yes No

Attach copies of contracts of agreements where liability is assumed by Applicant

Principal carriers used

Section 11 – Buildings & Locations

List all locations of operations, providing details below (for additional locations, attach a separate sheet)

Address	Rent or Own	Total Area (sq.ft)	Percent Occupied by Others	Age	No. Stories	Construction* (Walls/Floor/Roof)	Protection*

*Construction - Fire Resistive, Non-Combustible, Combustible * Protection – Fully (hydrant within 300m), Semi (fire hall within 8 km), Non (no hydrants)

Fire and Safety

Description	Sprinklered	Central Station	Local Fire Alarm	Extinguishers	Smoke Detectors	Well Lit Exits
Location 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Location 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Improvements - please provide year completed						
	Wiring	Plumbing	Heating/AC	Roof	Elevators	Other
Location 1						
Location 2						
Location 3						
Risk Management – please indicate any initiatives to improve the exposures						
Security protection program (deadbolts, interior detectors, bars, fences, card access, etc)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Superior Housekeeping			<input type="checkbox"/> Yes <input type="checkbox"/> No
Details						

Section 12 – General Liability

Are employees covered by applicable Worker's Compensation Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (please advise number of employees not covered) _____		
Percentage of operations/premises in:	Canada	United States
		Other
Do you own or lease any watercraft or aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of employees using their own vehicles for company business & details of use		Percentage of non-owned vehicles in the USA
Number of vehicles hired each year on a short term basis (< 30 days)		Annual advertising expenditures, including website budget
Parking facilities owned <u>or</u> rented (to/from others)	Machinery/Equipment rented to others (details)	% of owned building rented to others

Section 13 – Directors and Officers / Employment Practices Questionnaire

Please complete the following if you require coverage for liability of Directors and Officers

Stock Ownership	
Total number of voting shares outstanding	
Total number of voting security shareholders	
Total number of voting securities owned directly or beneficially by Directors and Officers	
Does any shareholder own, directly or beneficially, 5% or more of voting stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please attach to this Application, name(s), percentage of holdings, and the shareholder's representative on the board of directors (if applicable)	
Corporate Changes	
Has there been any change in directors or senior management in the past twelve months (such as Board Chairman, President, Executive Vice President)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been any change in controlling ownership of the Organization in the past twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Organization at any time during the past three years changed its accountants or external legal advisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the Organization currently, or has it at any time during the past three years been, in arrears in its payments to the Canada Revenue Agency or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Organization currently protected, or has it at any time during the past three years sought protection, under the Companies Creditors Agreement Act (of similar Canadian or U.S. legislation) or does it anticipate seeking such protection within the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Organization currently, or has it at any time during the past three years been, in breach of any of its debt covenants or loan agreements, or does it anticipate any such breach occurring within the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have there been during the last five years, or are there now pending, any civil, criminal, administrative or arbitration proceedings brought against:</p> <p>a) the Organization or its Subsidiaries?</p> <p>b) any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Organization of its Subsidiaries?</p> <p>IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING IS EXCLUDED FROM THE PROPOSED COVERAGE.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is the undersigned or any Director or Officer proposed for this insurance aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or the Directors or Officers of the Organization or its Subsidiaries which he or she has reason to believe might result in any future Claim under the Policy to which this Application will be attached?</p> <p>IT IS AGREED THAT IF KNOWLEDGE OR ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any Claim been made under any D&O policy or has notice been given to any D&O Insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes" to any of the above, provide details in an attachment to this Application.

Section 14 – Coverage Requirements

Coverage	Limit Required / Deductible	Coverage	Limit Required / Deductible
Cargo Legal Liability		Misc Property (eg–tools, equipment)	
Errors & Omissions		Business Interruption	
Warehousemen's Legal Liability		General Liability	
Cargo Direct Damage		Tenant's Legal Liability	
Building		Non-Owned Automobile	
Contents		Directors & Officers Liability	

Section 15 – Additional Specialty Coverages

Eagle Underwriting is able to provide specialty insurance coverages that may pertain to you or your client's operations. Please contact your insurance broker to inquiry about the following:

Network Security & Privacy Breach	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade / Supply Chain Disruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Political Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No	War & Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 16 – Insurance History

	FFLL	E&O	Business Owners Package
Current Insurer			
Policy renewal date			

Policy limit of liability			
Current Deductible			
Has insurance ever been cancelled or declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 17 – Loss History Paid and Outstanding (past 5 years)

Year	Paid Premium	Paid Claims & Expenses	Outstanding Claims
Current			
Current less 1			
Current less 2			
Current less 3			
Current less 4			
TOTALS			

NOTE: Please attach a hard copy of Loss Statistics & advise of incidents that may result in a claim

Section 18 – Applicant's Signature

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. The Insurance company strongly recommends that you examine the quotation with your Insurance Broker before acceptance. **I hereby confirm that the information given above and in any attached sheet(s) is true and correct.**

Name of Applicant (Please Print)	Applicant's Signature
Title	Date Signed