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Application for Freight Forwarders & Custom Broker Legal Liability/Errors & Omissions Insurance

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

Date _____

Company Name _____

Address

Street _____ Suite No. _____

City _____ State _____

Zip Code _____

Contact Name _____

Phone _____ Fax _____

E-mail _____

Website (if applicable) _____

Years in Business	Type of Corporation <input type="checkbox"/> Public <input type="checkbox"/> Private	No. of Employees	No. of Branches
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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?

Existing Policies (check all that apply)

- Cargo Hull Errors & Omissions Motor Truck Cargo
 Cargo Legal P&I Property Casualty Bailee
 Other (specify) _____

Section 2 – Loss Prevention

Do you employ a designated safety officer? Yes No

If yes, please provide their name

Section 3 – Quality Control

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

Yes

No

If yes, please specify?

Section 4 - Operations

Using a percentage measurement, please advise on the types of transport most commonly used and the areas you most commonly ship to/from

Methods of Transport

International Ocean	%
International Air	%
Domestic Air	%
Domestic Truck	%
Domestic Rail	%

Areas

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

What percentage of shipments are containerized?

%

What percentage of shipments are bulk?

%

What percentage of traffic do you carry as the principal?

%

What percentage of traffic do you carry as the agent?

%

What percentage of traffic do you co-load with others?

%

Section 5 - Volume

Gross Freight Receipts (GFR"s):

	Last 12 months	Next 12 months (estimated)
Freight Forwarder / NVOCC / Air Agent		
Domestic Property 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 BILLINGS LESS DUTIES AND TAXES

Section 6 – Modes of Traffic

Do you own and operate trucks used to move cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage of Domestic Road traffic is carried as follows: <table style="width:100%; border:none;"> <tr> <td style="width:33%;">Up to 100 km</td> <td style="width:33%;">Up to 250 km</td> <td style="width:33%;">Excess of 250km</td> </tr> <tr> <td style="text-align:center;">%</td> <td style="text-align:center;">%</td> <td style="text-align:center;">%</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					
%	%	%					
Do you act as a carrier either by contract or some other agreement with trucking nationwide? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need insurance filings (for example, BMC34 cargo liability) made on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you perform rail stack operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you operate combined air/sea services? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you consolidate ULD's? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you charter aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of charter? _____						
Do you charter vesselst? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of charter? _____	Do you consolidate containers? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Section 7 – Warehousing/Distribution and Consolidation

Do you operate your own warehouse, with your own personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you perform consolidations within your warehouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform de-consolidations within your warehouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you handle long-term operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold stocks for 3 rd parties or act as a distribution location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have refrigerated storage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide open (outside) storage facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the square footage of your largest warehouse? <div style="text-align:right;">Sqft</div>

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	%	Tank Cargo	%
Do you currently have cargo insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you require a quote for cargo insurance as well? <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 _____

Do you require evidence of insurance from subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you accept cargo for shipments on a "Value Declared" basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Principal carrier (s) used _____ _____ _____	
Current Insurance Company/Insurer	Policy No.
When does your existing insurance policy expire?	Current policy limit of liability CLL _____ E&O _____
Has insurance ever been cancelled or declined?	Current policy deductible CLL _____ E&O _____

Section 11 – Loss History Paid and Outstanding (past 3 years)

Year	Paid Premium	Paid Claims & Expenses	Loss Ratio	Reserves
Current				
Current less 1				
Current less 2				

TOTALS				
NOTE: Please attach a hard copy of Loss Statistics				
<p>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.</p> <p>I hereby confirm that the information given above and in any attached sheet(s) is true and correct.</p>				
Name of Applicant (Please Print)			Applicant's Signature	
Title			Date Signed	
International Air Limit _____			Ocean Limit _____	