



Insurance for
Things That Move.™

201 County Court Blvd., Suite 505
Brampton, Ontario, Canada L6W 4L2
Tel: (905) 455-6608 Fax: (905) 455-5298

885 West Georgia Street, Suite 1500
Vancouver, B.C., Canada V6C 3E8
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Application for Freight Forwarder's Legal/Errors & Omissions Insurance

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

Company Name			
Address			
Contact Name	E-Mail	Phone	Website (if applicable)
Member of Trade Association(s)	Years in Business	No. of Employees	No. of Branches
Gross Receipts (total billings less duties and taxes for Customs Brokers)			
Next 12 months	Current 12 months	Prior 12 months	

Section 2 – Operations

Main areas of business and trading conditions	%	Conditions	Attached
Freight Forwarder (as Agent)	%		<input type="checkbox"/>
Freight Forwarder (as Principal)	%		<input type="checkbox"/>
NVOCC	%		<input type="checkbox"/>
Customs Broker	%		<input type="checkbox"/>
Warehousekeeper	%		<input type="checkbox"/>
Trucker	%		<input type="checkbox"/>
Load Broker	%		<input type="checkbox"/>
Other (please describe)	%		<input type="checkbox"/>

Please attach a sample contract/trading conditions and any special contracts for each of the above applicable operations, unless they are standard forms such as FIATA Bill of Lading, CIFFA standard conditions, CSCB Standard Trading Conditions, Uniform Bill of Lading, Canadian Standard Contract Terms and Conditions for Merchandise Storers or Warehouses, etc.

As a Customs Broker, what is the approximate number of entries handled in a 12-month period?		Percentage of Cargo shipped on a Declared Value Basis	%
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Section 3 – Load Brokers

CARRIER SELECTION AND VETTING

Do you check to see if a carrier has been previously deactivated in your system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of shipments booked through load matching services	%
Do you obtain a valid Certificate of Insurance from the carrier's insurance broker to ensure: - Automobile liability coverage – minimum \$2,000,000 - Cargo liability coverage – up to the equivalent to the value of the goods	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you obtain the carrier's authority information (eg MC#, DOT, CVOR)? Do you obtain valid contact information for each carrier? Do you check references for each carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of the Transportation Intermediaries Association? Do you use TIA Watchdog?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use any service companies for vetting carriers? If so, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the new carrier approval signed off by senior management? Do you annually review and maintain all of the carrier's information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a broker/carrier agreement that outlines each party's respective roles and obligations? (please attach a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
OPERATING PROCEDURES			
Do you use a load confirmation document which includes instructions for the carrier for that shipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use service conditions for the shipper that differentiates between carrier, shipper and broker, and outlines limitations and exclusions of liability? (please provide a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you only communicate with the phone numbers and email addresses that you have on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you post your service conditions on your website?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 – Modes of Transport

Do you own and operate trucks used to move cargo? If YES, is this a separate entity from your freight brokerage operation? Do you need insurance filings made on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage of Domestic Road traffic is carried as follows: Up to 100 miles Up to 250 miles Excess 250 miles % % %	
Do you charter vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consolidate containers or ULDs	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of traffic is shipped under your bill of lading?	%	Do your subcontractors limit their liability to a differing level than that of your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Section 5 – Methods and Areas of Transport

METHODS OF TRANSPORT

International Sea	%	International Air	%
Domestic Truck	%	Domestic Rail	%
What percentage of shipments are containerized?		What percentage of shipments are bulk?	

AREAS OF TRANSPORT

Canada	%	Europe	%
USA	%	Russia and former CIS	%
Mexico	%	Middle East	%
Central/South America	%	Africa	%
Caribbean	%	Asia/Far East	%
Australia	%	Other	%

Section 6 – Warehousing

Do you operate your own warehouse, with your own personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you perform consolidation and/or deconsolidation within your warehouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have refrigerated storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have outside storage facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide COPE details for each warehouse location

Section 7 – Commodities

What percentage of your traffic does the following represent?

New General Merchandise		Used General Merchandise	
Perishable Goods		Refrigerated Goods	
Wines, Spirits and other alcoholic beverages		Tobacco	
Furs, Leathers		Electronics (TVs, computers, laptops, consoles)	
Clocks, watches and other jewelry		Mobile/smart phones, microprocessor chips	
Bullion and precious metals		Bond, Coins and other financial instruments	
Live animals		Pharmaceuticals	
Fine Art		Personal Effects	
Automobiles		Other	
Other		Other	



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Section 8 – 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 9 – Coverage Requirements

Coverage	Limit	Deductible
Cargo Liability		
NVOCC Liability		
Errors & Omissions		
Custom Brokers Liability		
Motor Truck Cargo		
Warehousekeeper's Liability		
Third Party Liability		
Other		
Current Insurance Company/Insurer		Policy No.
When does the existing insurance policy expire?		
Current policy deductible CLL _____ E&O _____		Has insurance ever been cancelled or declined? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Section 10 – Loss History & Signature

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

NOTE: Please attach a hard copy of Loss Statistics

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 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