



Transportation Cargo Application



SECTION I: Must be completed by all applicants

Name of Insured: _____ Date: _____
 Address: _____
 Contact Person/Title: _____ Phone #: _____ Fax #: _____
 Email Address: _____
 Years In Business: _____ If less than 3 years, please attach resume.
 Nature of business: _____

FMC # _____ PUC # _____ SCAC # _____

Registered with International Air Transport Association (IATA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Member of Custom Trade Partnership Against Terrorism (CTPAT)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Has applicant ever been suspended by the Defense Travel System (DTS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Do you keep on file certificates for the origin and destination agent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are certificates updated annually per policy expiration date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Do you act exclusively as a customs broker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are you involved with waste materials, bulk commodities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Do you deal with chemical, biological, bio-chemical or electromagnetic devices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If you are a Freight Forwarder: Do you act EXCLUSIVELY as a Custom Broker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Do you carry Errors and Omissions Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Please complete the following for the past four years:

Year	Marine Premium	Losses Paid and Outstanding	Principal Cause of Loss

Section II: Domestic (Complete if you hold Domestic Authority)

A. Revenue & Operations:

Household Goods:	Estimated Revenue: \$ _____	Percent of Operation: _____%
Office & Industrial:	\$ _____	_____%
Electronics:	\$ _____	_____%
Military or Government:	\$ _____	_____%
Miscellaneous:	\$ _____	_____%
Total Annual Revenue:	\$ _____	

B. What % of operations are: Local (within 50 miles) _____% Intrastate: _____% Interstate: _____%

C. What % of operations are: Moving under own authority: _____% Sub-Hauler: _____%
 Moving under Van Line Authority: _____% Other: _____%

D. Coverage and valuation:

	Limits of Liability:	Percent of Valuation
Per Truck:	\$ _____	.60/lb _____%
Per Occurrence:	\$ _____	1.25/lb _____%
Deductible:	\$ _____	FRV/lb _____%

(Include Military here)

