

**FREIGHT FORWARDERS/CUSTOMS BROKERS
SUPPLEMENTAL APPLICATION**

1 APPLICANT INFORMATION

	Occupation	% of Gross income	Number of Transactions		Occupation	% of Gross income	Number of Transactions
<input type="checkbox"/>	Customs Broker	%		<input type="checkbox"/>	Warehousing	%	
<input type="checkbox"/>	Independent Ocean Freight Forwarder (FMC)	%		<input type="checkbox"/>	IATA Agent	%	
<input type="checkbox"/>	CAB Forwarder	%		<input type="checkbox"/>	Consolidation/Break-bulk Agent	%	
<input type="checkbox"/>	NVOCC	%		<input type="checkbox"/>	Property Broker	%	
<input type="checkbox"/>	Charter Agent/Broker	%		<input type="checkbox"/>	Cartage	%	
<input type="checkbox"/>	Steamship Agent	%		<input type="checkbox"/>	Other (please describe)	%	
<input type="checkbox"/>	Stevedore	%		<input type="checkbox"/>		%	

2 APPLICANT OPERATIONS

a Is the applicant a member of (Check all that apply)

National Customs Brokers & Forwarders Association of America, Inc.

Local Brokers/Forwarder Association (please name) _____

Property Broker's Association of America, Inc.

International Association of NVOCCs

Other industry association (please name) _____

b Does your firm use trading conditions to limit liability? Yes No

If yes, please attach a copy

c Average value of shipments: \$ _____

3 STAFF CLASSIFICATION

# of Working Partners, Principles, Directors		# of Warehousemen, Drivers, etc.	
# of Managers Entry/Export Clerks, etc.		No of Support Personnel (typists, acctg, etc.)	

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Name of Applicant

Title

Signature of Applicant.

Date

MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION
(CLAIMS-MADE AND REPORTED BASIS)

1. *Full Name of Applicant:* _____
Principal Business Address: _____

Website Address : _____

2. *Limit of Liability Desired:*
 \$250,000 _____ \$500,000 _____ \$1,000,000 _____ \$2,000,000 _____
 \$3,000,000 _____ \$5,000,000 _____ Other _____

3. *Deductible:*
 \$2,500 _____ \$5,000 _____ \$10,000 _____ \$25,000 _____
 Other _____

4. (a) *Projected annual gross revenues for the current year:* \$ _____
 (b) *Annual gross revenues for three prior years:*
 (i) *prior twelve months:* Year: _____ \$ _____
 (ii) *first prior year:* Year: _____ \$ _____
 (iii) *second prior year:* Year: _____ \$ _____

5. *Describe in detail all professional services performed for others and indicate the percentage of gross revenues derived from each activity:*

<i>Professional Services</i>	<i>Percentage of Gross Revenues</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. *Is the applicant engaged in any business or profession other than as described in item 4? _____*
If yes, please attach an explanation and estimated revenues.

7. *Applicant is: Corporation _____ Partnership _____ Individual _____*

8. *Date Organized: _____*

9. *Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?*
YES _____ NO _____ If yes, attach an explanation. Are any activities listed in Question 4 provided to such business enterprise? YES _____ NO _____

10. a) *Number of principles, partners, officers, and professional employees directly engaged in providing services to clients: _____*

b) *Number of non-professional employees (clerks, secretaries, etc): _____*

11. *Please provide the following:*

<i>Name in full of ALL Partners/Principles/Key Employees</i>	<i>PROFESSIONAL QUALIFICATIONS</i>	<i>DATE QUALIFIED</i>	<i>HOW LONG IN PRACTICE</i>	<i>HOW LONG AS PARTNER/ PRINCIPLE</i>

12. *Professional societies and organizations to which the Applicant and its owners, partners, officers and key employee(s) belong.*

13. *Describe Applicant's five largest jobs in the past three years:*

<u><i>Client Name</i></u>	<u><i>Professional Services</i></u>	<u><i>Gross Revenues</i></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Does the Applicant Firm use a written contract with client?

_____ In all cases _____ Sometimes _____ Never

15. Does the Applicant utilize the services of independent contractors or subcontractors? Yes _____
No _____. If yes, please indicate percentage of gross revenues derived from professional services
performed by independent contractors or subcontractors.

16. Has any Insurer canceled, rescinded, non-renewed or declined any similar insurance for the Applicant, its
predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this
insurance in the last five years? Yes _____ No _____. If Yes, please explain.

17. Is similar insurance currently in force? YES _____ NO _____

If yes, please provide:

Description of services being covered: _____

Name of Insurer: _____

Expiration Date: _____ Prior Acts/Retro Date: _____

Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

Length of time coverage has been in force: _____

18. Has the Applicant and/or any of its directors, officers and/or employees its predecessors, subsidiaries,
affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have
knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings?
YES _____ NO _____ If yes, please explain.

19. Does any person to be insured have knowledge of information of any act, error or omission which might
reasonably be expected to give rise to a claim against him/her. YES _____ NO _____. If yes, please
complete a Supplemental Claim Information form for each.

20. After inquiry have any claims been made against any proposed insured(s) during the past three (3) years?
YES _____ NO _____. If yes, please complete a Supplemental Claims Information form for each
claim. Also, how many claims have been made in the last three (3) years? _____

It is understood and agreed that with respect to questions 18, 19 and 20 above, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

The policy applied for is solely as stated in the policy, if issued, which provides coverage on a claims made and reported basis for only those claims that are first made against the insured during the policy period, unless the extended reporting period option is exercised in accordance with the terms of this policy. The policy has specific provisions detailing claim reporting requirements.

The Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the company receives notice is on file with the company and is considered physically attached to and part of the policy if issued. The Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the company, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Vela Insurance Services, Inc. or the Company.

Name of Applicant

Title

Signature of Applicant

Date