

## **Freight Agents Legal Liability Application**

The questions contained in this form are designed to give Insurers information regarding your business. It cannot always cover every aspect and it is your duty to disclose all material information to insurers that may affect the premium or conditions

d in the f	following categories:
require i	nsurance:-

## **OPERATIONAL INFORMATION**

You should be operating under BIFA, CMR, COGSA/Hague Visby, Warsaw Convention or under the conditions of FIATA. You will need to provide a copy of the Contract/Trading Conditions for Underwriter`s approval.

Please advise if you issue any of the following transport documents:

Type of Document	Check Box
NVO HB/L Air or Ocean	
Multimodal Document	
Carrier Ocean B/L	
Carrier Airway Bill	
Freight Forwarder Bill	
Dock / Warehouse Receipt	

Percentage of trade to and from the following areas:

	Domestic	Domestic	Sea	Sea	International
	Ground	Air	Container	Bulk	Air
USA/Canada					
Mexico					
C/S America					
Middle East					
Europe					
Australia					
Caribbean					
India/Pakistan					
China					
Far East					
Africa					
Totals					

Please provide GFR's (gross freight receipts) for all covered operations:

Next 12 Months	
Current Year	
Current Year Less One	

Limits and deductibles you require:

Coverage	Limit	Deductible
Cargo Legal Liability		
Errors & Omissions		
Warehouse		

Percentages of your traffic for the following types/categories of cargo:

Commodity						%
Personal Effe	cts					
Wine or Beer						
Spirits and other Alcoholic Beverages						
Cigarettes and	d other Tobacc	o based produ	ıcts			
Fur and leath	er or garment/	items made fr	om			
Leather/Fur						
Jewelry including watches						
Computer processing chips						
Personal Computers and Game Consoles						
Televisions						
	/D players, dis					
	obile Telephon					
	Controlled / Pe	erishable Carç	jo			
Plants and/or	cut flowers					
Any other car	go of a high va	lue (please giv	ves details)			
	anding claims	_				
Year	Type of Loss	Amount	Type of Lo	OSS	Amount	Total
Current						
Minus 1						
Minus 2						
Please provide	details of any	pending claim	ns:			
I confirm that has been given Company Repo Position:	<b>1.</b>	•	J		hat all material i	nformation

**CA Insurance License Number 0809244** 600 E. Ocean Blvd., Suite 409 Long Beach, CA 90802 Tel: (562) 951-9599 Fax: (562) 951-9525