

LOGISTICS LIABILITY INSURANCE APPLICATION

Name of applicant/insured: _____ Insured's website: _____

Address of applicant/insured: _____

City: _____ Province: _____ Postal code: _____

Key contact person: _____ Phone: _____ Email: _____

Names of all Directors/Principals	Years of experience	Names of all Directors/Principals	Years of experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confirm applicant/insured operations Freight Forwarder Hauler / Hauling for Others Non-vessel Operating Common Carrier (NVOCC)
(check all applicable) Warehouse keeper Other If other, please provide details: _____

List main types of goods that you handle:

Indicate all products that you handle. Enter % of your total revenue for those checked.

<input type="checkbox"/> Wines, spirits and other alcoholic beverages	_____ %	<input type="checkbox"/> Cigarettes and tobacco-based products	_____ %
<input type="checkbox"/> Furs and leather and clothes made from fur and leather	_____ %	<input type="checkbox"/> Televisions, plasma and other electronic screens; CD, DVD and other electronic players	_____ %
<input type="checkbox"/> Computers, laptops, game consoles, MP3 players, iPods and similar electronic items	_____ %	<input type="checkbox"/> Cellular or mobile phones of any description	_____ %
<input type="checkbox"/> CDs, DVDs, Blu-ray discs, video tape, electronic computer games, computer micro chips	_____ %	<input type="checkbox"/> Clocks and watches or part of either	_____ %
<input type="checkbox"/> Hazardous cargo or waste	_____ %		

List all countries in which you operate:

Coverages required

Coverages required		Limits of liability	Deductible
Coverages Section 1: Logistics liability:	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Coverages Section 2: Errors and omissions liability	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Coverages Section 3: Warehouseman's cover	<input type="radio"/> Yes <input type="radio"/> No	_____	_____

Does the insured/applicant uses their own vehicles? Yes No If yes, list all provinces and states in the which the vehicles operate

Does the applicant/insured have liability under contract? Yes No If yes, please attach copies

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Does the applicant/insured have a Broker Carrier Agreement? Yes No If yes, please attach copies

Does the applicant/insured issue standard trading conditions or contract which evidences the terms agreed upon with your clients? Yes No If yes, please attach copies

Does the applicant/insured have any contracts which extend or increase their liability beyond those set out in their standard trading conditions? If yes, please provide details below. Yes No

Does the applicant/insured issue Bills of Lading or other contracts of carriage? Yes No If yes, please attach copies

Confirm the number of shipments per year: _____

Provide details undertaken in the selection process of the carriers that the applicant/insured engages: (if they have a checklist/worksheet, provide a copy)

Does the applicant/insured request and maintain evidence of insurance in place for any sub-contractors engaged? Yes No

Provide details as follows:	Freight Forwarding	Hauler	NVOCC	Warehouse Keeper	Other
Annual gross freight receipts, current year:	_____	_____	_____	_____	_____
Estimated gross freight receipts, next year:	_____	_____	_____	_____	_____

% of Revenue by Geographic Territory

Canada	_____ %	_____ %	_____ %	_____ %	_____ %
North America	_____ %	_____ %	_____ %	_____ %	_____ %
Central & South America	_____ %	_____ %	_____ %	_____ %	_____ %
Europe	_____ %	_____ %	_____ %	_____ %	_____ %
Asia & Australasia	_____ %	_____ %	_____ %	_____ %	_____ %
Africa & Middle East	_____ %	_____ %	_____ %	_____ %	_____ %

Prior Insurance Details

Insurer	Policy Number	Renewal/Expiry Date	Expiring Premium	Expiring Limit
_____	_____	_____	_____	_____

Has cover ever been cancelled or declined in the past? Yes No If yes, provide details below

Have you had any claims in the past five (5) years? Yes No If yes, provide details below

Date of Loss	Amount Paid	Amount Outstanding	Claim Details
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Name and Title: _____

Applicant's signature _____ Date: _____

English Text Clause

The Insured declares and covenants with the Insurer that the policy of insurance has been drawn in the English language and to enable these coverages to be underwritten by the markets offering the requisite facilities, and to permit usage of the necessary clauses in the language of customary issuance and interpretation thereby to avoid confusion, misinterpretation and/or disparity of coverage, as could otherwise be detrimental to his interest.

Contrat en anglais

L'Assuré déclare avoir convenu avec l'Assureur que le contrat d'assurance soit rédigé en anglais pour que les garanties requises puissent être souscrites auprès des marchés qui les offrent et que les clauses nécessaires soient dans la langue usuelle de l'émission et de l'interprétation des contrats, afin d'éviter la confusion, les erreurs d'interprétation et/ou les divergences dans les garanties, ce qui pourrait être préjudiciable à ses intérêts.

Broker Name: _____

Address of broker: _____

City: _____ Province: _____ Postal code: _____

Broker contact: _____

Phone: _____ Email: _____