



Freight Forwarder's Legal / Errors & Omissions Insurance Application

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. GENERAL INFORMATION (to be completed by all Applicants)

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____ Number of Years in Business: _____

Description of Operations: _____

All monetary values in this questionnaire are: CAD USD

Associated or Subsidiary companies: _____

Years of Experience: _____

Current Policy Term: _____

Operations:

| Main areas of Business and trading conditions | % | Conditions |
|---|--------|------------|
| Freight Forwarders (as Agent) | _____% | _____ |
| Freight Forwarder (as Principal) | _____% | _____ |
| NVOCC | _____% | _____ |
| Domestic Canada/US Load Broker | _____% | _____ |
| Warehouse Keeper | _____% | _____ |
| Trucker | _____% | _____ |
| Customs Broker | _____% | _____ |
| Consolidation/de-consolidation | _____% | _____ |
| Other (please describe) | _____% | _____ |

Last Year's Gross Receipts \$ _____

Current Year Gross Receipts \$ _____

Estimate Next Year's Gross Receipts \$ _____

Please attach a sample contract and/or trading conditions and any special contracts for each of the above applicable operations, unless they are standard form 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.

Any Customs Brokering operations: Yes No

If yes, what is the estimated number of entries handled in 12 months? _____

Percentage of Cargo Shipped on a Declared Value basis: _____

Carrier Vetting and Selection

If arranging domestic Canada/US inland transits, what percentage of Shipments are booked through an online system? _____% Do you use any third party companies for vetting carriers? Yes No
If yes, provide details attached

Do you obtain a valid certificate of insurance from the carrier for up to the equivalent of the value of the goods being shipped Yes No Do you obtain the carrier's authority information (MC#, DOT, CVOR)? Yes No

Do you obtain valid contact information for each carrier? Yes No

Do you check the phone number provided to insure valid? Yes No

Do you check references for each carrier? Yes No

Are you a member of the Transportation Intermediaries Association? Yes No

Do you use a broker/carrier agreement that outline each party's respective roles and obligations? (please attach copy) Yes No

Do you use TIA Watchdog? Yes No

Do you use load confirmation document which includes instructions for the carrier for each shipment? Yes No

Do you put your service conditions/agreements on your website Yes No

Do you provide instructions to the carrier and a load confirmation document Yes No

Do you provide conditions for the shipper that outlines the limitations and exclusions of liability as a carrier, shipper and/or broker? Yes No

Transportation details

Do you own or operate any trucks with the purpose to ship cargo? Yes No

If yes, what percentage of inland shipments is carried as follows:

If Yes, are these operations under a separate entity from the Freight Forwarding Operations? Yes No

Up to 100 miles _____ %

Up to 250 miles _____ %

Excess of 250 miles _____ %

Do you Charter any vessels? Yes No

Do you use any sub-contractors? Yes No

If yes, do the sub-contractors used limit their liability to a lesser amount than your own? Yes No

Commodity Type

What percentage of your operations is reflected below:

New General Merchandise _____ Bulk items _____

Perishable Goods _____ Fresh Foods _____

| | | | |
|--|-------|------------------------|-------|
| Wines, Spirits, other Alcohol | _____ | Refer Goods | _____ |
| Furs, Leathers | _____ | Hazardous Goods | _____ |
| Furniture | _____ | Live plants or animals | _____ |
| Jewelry, watches, precious stones etc... | _____ | Fine Art | _____ |
| Electronics (consumer electronics) | _____ | Pharmaceuticals | _____ |
| Chemicals | _____ | Petrochemicals | _____ |
| Personal Effects | _____ | Household goods | _____ |
| Other (please describe) _____ | | | |

Mode of Transport

What percentage of your operations is reflected below:

| | | | |
|-------|-------|--------------|-------|
| Ocean | _____ | Inland Truck | _____ |
| Air | _____ | Rail | _____ |

Geographical Area

What percentage of your operations is reflected below:

| | | | |
|-----------------------|-------|---------------|-------|
| Canada | _____ | Europe | _____ |
| USA | _____ | Russia/Crimea | _____ |
| Mexico | _____ | Ukraine | _____ |
| Central/South America | _____ | Israel | _____ |
| Caribbean | _____ | Middle East | _____ |
| Australia | _____ | Africa | _____ |
| Asia/Far East | _____ | Other | _____ |

Warehousing

| | | | |
|-----------------------------------|--|--|--|
| Do you operate your own warehouse | <input type="radio"/> Yes <input type="radio"/> No | Do you consolidate and/or deconsolidate at your warehouse? | <input type="radio"/> Yes <input type="radio"/> No |
| Any refrigerated storage? | <input type="radio"/> Yes <input type="radio"/> No | Any outside storage? | <input type="radio"/> Yes <input type="radio"/> No |

Limits

Maximum value any one shipment:

| | | | |
|-----------------|----------|--------------|----------|
| Ocean Shipments | \$ _____ | Inland Truck | \$ _____ |
|-----------------|----------|--------------|----------|

Inland Rail \$ _____ Air \$ _____

Details of Operation

| Coverage | Limit | Deductible |
|--------------------------------|-------|------------|
| Cargo Liability | _____ | _____ |
| Errors & Omissions | _____ | _____ |
| Customs Brokers Liability | _____ | _____ |
| Motor Truck Cargo | _____ | _____ |
| Warehousemen's Legal Liability | _____ | _____ |
| Other | _____ | _____ |

Current Policy

Current Insurer including policy number: _____

Current Policy Term _____

Current Policy Deductible _____

Has insurance ever been cancelled or declined? Why? _____

Loss history for the past 5 years:

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

| Year | Losses Paid | Losses Outstanding | Details |
|-------|-------------|--------------------|---------|
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |
| _____ | \$ _____ | _____ | _____ |

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

APPLICANT

By: _____
Signature and Title* Printed Name of Authorized Representative

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

