

**APPLICATION FOR SHIPPING AND FORWARDING AGENTS  
PROFESSIONAL INDEMNITY INSURANCE**

**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY  
PLEASE ANSWER ALL QUESTIONS**

QUESTIONS	ANSWERS
<p>1. (a) Name of Applicant</p> <p>(b) Address</p> <p>(c) Address(es) of branch offices, if any</p> <p>(d) Is each branch office in the active control of a manager with at least three years experience in the Freight Forwarding industry?</p>	<p>1. (a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>
<p>2. Date Established?</p>	<p>2.</p>
<p>3. Give full name of principal and all partners and/or officers, and when qualified.</p>	<p>3.</p>
<p>4. State the Number of Staff:</p> <p>(a) Working partners, directors and officers</p> <p>(b) (i) Managers and (ii) Years in industry</p> <p>(c) Typists, clerical</p> <p>(d) Other office staff</p>	<p>4.</p> <p>(a)</p> <p>(b) (i) (ii)</p> <p>(c)</p> <p>(d)</p>
<p>5. Does the Applicant act in any of the following capacities?</p> <p>(a) Domestic Freight Forwarding Agent</p> <p>(b) International Freight Forwarding Agent</p> <p>(c) Customs House Broker</p> <p>(d) Any Other - please specify</p> <p>N.B. Coverage may not be available for activities other than those listed in (a), (b) and (c) above</p>	<p>5.</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>

QUESTIONS	ANSWERS
<p>6. Does the Applicant issue and or provide its customers with any consignment memorandum or other document or agreement? If yes, attach specimen copies of all such memoranda and agreements.</p>	<p>6.</p>
<p>7. If the answer to question 5 (b) is yes:</p> <p>(a) (i) Is Applicant involved with Central or South American, North African or Middle Eastern destinations, and</p> <p>(ii) What percentage of the Applicant's total gross income is derived individually therefrom?</p> <p>(b) (i) Has Applicant ever been involved in any disputes concerning shipments to these destinations?</p> <p>(ii) If yes, give details.</p>	<p>7.</p> <p>(a) (i) _____</p> <p>(ii) Central/So. America    _____%  North Africa                _____%  Middle East                 _____%</p> <p>(b) (i) _____</p> <p>(ii)</p>
<p>8. Total Income (i.e. Gross Receipts, not Gross Commission) from each activity shown in question 5 above.</p>	<p>8. <u>LAST YEAR EST.</u> <u>THIS YEAR</u></p> <p>(a) _____</p> <p>(b) _____</p> <p>(c) _____</p> <p>(d) _____</p>
<p>9. (a) Is Applicant responsible for securing suitable insurance coverage, either marine or non-marine or aviation, in respect of consignments?</p> <p>(b) If yes, to what extent</p>	<p>9. (a)</p> <p>(b)</p>
<p>10. Is the Applicant an active member of:</p> <p>(a) Transatlantic Steamship Agency?</p> <p>(b) International Air Transport Association?</p> <p>(c) Air Travel Conference?</p> <p>(d) Any other recognised association or entity?</p>	<p>10.</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>

QUESTIONS	ANSWERS
<p>11. (a) State the major companies for which the Applicant normally acts.</p> <p>(b) (i) State the main companies or lines to which goods are consigned for carriage, and</p> <p>(ii) Is the Applicant Company related in any way to any such carrying company?</p> <p>(c) State types of commodities mainly handled.</p> <p>(d) (i) Does the Applicant handle any commodities for which special documentation may be required? (e.g. foodstuffs, chemicals, volatile products, minerals, arms, etc.?)</p> <p>(ii) If yes, give full details, including values, destinations types, etc.</p> <p>(e) Maximum value any one shipment?</p> <p>(f) Average value any one shipment?</p>	<p>11. (a)</p> <p>(b) (i)</p> <p>(ii)</p> <p>(c)</p> <p>(d) (i)</p> <p>(ii)</p> <p>(e)</p> <p>(f)</p>
<p>12. (a) Does the Applicant during the course of business ever receive instructions to purchase or obtain goods or materials on behalf of others?</p> <p>(b) If yes, give details</p>	<p>12. (a)</p> <p>(b)</p>
<p>13. (a) Does the Applicant become involved in the mode of payment for consignments? (i.e. letters of credit, sight drafts, etc.)</p> <p>(b) If yes, give details</p>	<p>13. (a)</p> <p>(b)</p>

QUESTIONS	ANSWERS
<p>14. (a) Has the Applicant been previously insured during the last five years?</p> <p>(b) If yes, state</p> <p>(i) company</p> <p>(ii) limits</p> <p>(iii) policy period</p> <p>(iv) whether claims-made or occurrence basis</p>	<p>14. (a)</p> <p>(b)</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p> <p>(iv)</p>
<p>15. (a) Has any application for this form of insurance ever been declined, or has any such insurance ever been cancelled or special terms imposed?</p> <p>(b) If yes, give full details</p>	<p>15. (a)</p> <p>(b)</p>
<p>16. (a) Have any claims ever been made against the Applicant or any of the present partners, directors, or officers?</p> <p>(b) If yes, give the date of claim and the name of the claimant for each circumstance and attach details.</p>	<p>16. (a)</p> <p>(b)</p>
<p>17. (a) Has the Applicant or any of its past or present owners, officers, partners, directors, or employees any knowledge or information, after inquiry, of any occurrence whatsoever which might give rise to a claim against the Applicant in connection with your profession at Shipping and Forwarding Agents?</p> <p>(b) If yes, give the date of occurrence and the name of the claimant for each circumstance and attach details.</p>	<p>17. (a)</p> <p>(b)</p>

QUESTIONS	ANSWERS
<p>18. Does the Applicant agree that the Lloyd's Shipping and Forwarding Agents Professional Indemnity Insurance, when issued, will limit its application solely to incorrect instructions, faulty arrangements, and/or clerical errors relating directly to the movement of goods and/or materials, the property of others, by an independent carrier unless specific extensions of coverage shall be endorsed thereon?</p>	<p>18.</p>
<p>19. (a) Amount of insurance required?</p> <p>(b) Amount of deductible required? (Minimum USD 1,000)</p>	<p>19. (a)</p> <p>(b)</p>

I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts, and I/we agree that this proposal shall form a part of and be the basis of the contract of insurance between me/us and the Underwriters, and that I/we understand that this is an application for a Claims Made Policy.

\* Signature of Applicant: \_\_\_\_\_

By: \_\_\_\_\_  
(Name and Title)

Date \_\_\_\_\_

\* Signing this form does not bind the Applicant or the Underwriters to complete the insurance.