FREIGHT LIABILITY AND ERRORS & OMISSIONS INSURANCE APPLICATION

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

SECTION 1 - INFORMATION ON THE APPLICANT

1. Company name:
_____

2. Applicant's address:
_____

3. Contact name: _____

4. Email: _____

5. Phone number: _____

6. Website (if applicable): _____

7. Member of trade association(s): _____

8. Years in business _____

9. Number of employees: _____

10. Number of branches _____

11. Gros receipts (total billings less duties and taxes for customs brokers)
Nest 12 months $ _____
Current 12 months $ _____
Prior 12 months $ _____

SECTION 2 - OPERATIONS

Main areas of business and trading conditions	**%**	**Conditions**	**Attached**
Freight forwarder (as agent)	_____	_____	☐
Freight forwarder (as principal)	_____	_____	☐
NVOCC	_____	_____	☐
Customs broker	_____	_____	☐
Warehousekeeper	_____	_____	☐
Motor truck carrier	_____	_____	☐
Freight broker	_____	_____	☐
Other (please describe) _____	_____	_____	☐

Please attach a sample contract/trading conditions and any special contracts for each of the above applicable operations, unless they are standard forms such as FIATA Bill of Lading, CIFFA Standard Terms and Conditions, Uniform Bill of Lading, IWLA Standard Terms and Conditions for Warehousemen, etc.

As a customs broker, what is the approximate number of entries handled in a 12-month period? _____

Percentage of cargo shipped on a declared value vasis % _____

SECTION 3 - FREIGHT BROKERS

1. Carrier selection and vetting

Do you check to see if a carrier has been previously deactivated in your system?	☐ Yes ☐ No
Do you obtain a valid Certificate of Insurance from the carrier's insurance broker to ensure:	
Automobile liability coverage – minimum $2,000,000	☐ Yes ☐ No
Cargo liability coverage – up to the equivalent to the value of the goods	☐ Yes ☐ No
Are you a member of the Transportation Intermediaries Association?	☐ Yes ☐ No
Do you use TIA Watchdog?	☐ Yes ☐ No
Is the new carrier approval signed off by senior management?	☐ Yes ☐ No
Do you annually review and maintain all of the carrier's information?	☐ Yes ☐ No
Percentage (%) of shipments booked through load matching services	%_____
Do you obtain the carrier's authority information (eg MC#, DOT, CVOR)?	☐ Yes ☐ No
Do you obtain valid contact information for each carrier?	☐ Yes ☐ No
Do you check references for each carrier?	☐ Yes ☐ No
Do you use any service companies for vetting carriers?	☐ Yes ☐ No

If Yes, please provide details

_____

Do you use a broker/carrier agreement that outlines each party's respective roles and obligations? Please attach a copy.	☐ Yes ☐ No

2. Operating procedures

Do you use a load confirmation document which includes instructions for the carrier for that shipment?	☐ Yes ☐ No
Do you only communicate with the phone numbers and email addresses that you have on file?	☐ Yes ☐ No
Do you use service conditions for the shipper that differentiates between carrier, shipper and broker, and outlines limitations and exclusions of liability? Please provide a copy.	☐ Yes ☐ No
Do you post your service conditions on your website?	☐ Yes ☐ No

SECTION 4 - MODES OF TRANSPORT

Do you own and operate trucks used to move cargo?	☐ Yes ☐ No
If Yes, is this a separate entity from your freight brokerage operation?	☐ Yes ☐ No
Do you need insurance filings made on your behalf?	☐ Yes ☐ No
Do you charter vessels?	☐ Yes ☐ No
What percentage of traffic is shipped under your bill of lading?	%_____
If Yes, what percentage of Domestic Road traffic is carried as follows:	
Up to 100 miles	%_____
Up to 250 miles	%_____
Excess 250 miles	%_____
Do you consolidate containers or ULDs	☐ Yes ☐ No
Do your subcontractors limit their liability to a differing level than that of your own?	☐ Yes ☐ No

SECTION 5 - METHODS AND AREAS OF TRANSPORT

1. Methods of transport

International sea	%_____	International air	%_____
Domestic truck	%_____	Domestic rail	%_____
What percentage of shipments are containerized?			%_____
What percentage of shipments are bulk?			%_____

2. Areas of transport

USA	%_____	Europe	%_____
Canada	%_____	Russia and former CIS	%_____
Mexico	%_____	Middle East	%_____
Central/South America	%_____	Africa	%_____
Caribbean	%_____	Asia/Far East	%_____
Australia	%_____	Other: _____	%_____

SECTION 6 - WAREHOUSING

Do you operate your own warehouse, with your own personnel?	☐ Yes ☐ No
Do you have refrigerated storage?	☐ Yes ☐ No
Do you perform consolidation and/or deconsolidation within your warehouse?	☐ Yes ☐ No
Do you have outside storage facilities?	☐ Yes ☐ No

Please provide COPE details for each warehouse location.

SECTION 7 - COMMODITIES

1. What percentage of your traffic does the following represent?

New general merchandise	%_____	Used general merchandise	%_____
Perishable goods	%_____	Refrigerated goods	%_____
Wines, spirits and other alcoholic beverages	%_____	Tobacco	%_____
Furs, leathers	%_____	Electronics (TVs, computers, laptops, consoles)	%_____
Clocks, watches and other jewelry	%_____	Mobile/smart phones, microprocesser-chips	%_____
Bullion and precious metals	%_____	Bond, coins and other financial instruments	%_____
Live animals	%_____	Pharmaceuticals	%_____
Fine art	%_____	Personal effects	%_____
Automobiles	%_____	Other: _____	%_____
Other: _____	%_____	Other: _____	%_____

SECTION 8 - MAXIMUM VALUES

1. Estimate the maximum value at risk for the following:

Any one shipment of general cargo via ocean or air transportation	$ _____
Any one shipment of general cargo via vehicle or road transportation:	$ _____
Any one shipment of personal effects or household goods:	$ _____
Any one shipment of liquor or tobacco:	$ _____
Any one shipment of temperature-controlled goods:	$ _____

SECTION 9 - COVERAGE REQUIREMENTS

Coverage	Limit	Deductible
Cargo liability	$_____	$_____
NVOCC liability	$_____	$_____
Errors & omissions	$_____	$_____
Custom brokers liability	$_____	$_____
Motor truck cargo	$_____	$_____
Warehousekeeper's liability	$_____	$_____
Third party liability	$_____	$_____
Other: _____	$_____	$_____

1. Current insurance company/insurer: _____
   Policy number: _____

2. When does the existing insurance policy expire? _____

3. Current policy deductible:
   CLL $ _____
   E&O $ _____

4. Has insurance ever been cancelled or declined? ☐ Yes ☐ No

SECTION 10 - LOSS HISTORY

Year	Paid premium	Paid claims & expenses	Outstanding	Total claims
Current	$ _____	$ _____	$ _____	$ _____
Current less 1	$ _____	$ _____	$ _____	$ _____
Current less 2	$ _____	$ _____	$ _____	$ _____
Totals	$ _____	$ _____	$ _____	$ _____

NOTE: Please attach a hard copy of loss statistics.

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance Company strongly recommends you examine the quotation with your Insurance Broker before acceptance.
I hereby confirm that the information given above and in any attached sheet(s) is true and correct.

Name of person completing this form: _____

Position: _____ Date: _____

Applicant's signature: _____

Please send the completed, signed and dated application to underwriting@revau.com.