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By Submitting this bond application, the broker and importer understand and agree that they do not have any authority to issue any continuous bond or single transaction bond for any merchandise that is subject to antidumping or countervailing duties without the express approval of International Bond & Marine Brokerage, Ltd./Lexon Insurance Company (856)

APPLICATION TO PORT DIRECTOR U.S. CUSTOMS SERVICE TO FILE C.F. 301 — CONTINUOUS BOND

Bond Serial No: _____ CHB Name: _____ Filer Code: _____
 Importer Name: _____ Importer Number: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone: _____ Fax: _____ Email: _____

Describe Merchandise (Attach additional sheet if necessary)	Country of Origin
1.	
2.	
3.	
4.	
5.	

Last Calendar Year				Estimate Next Calendar Year		
Type Merchandise	Value	Est. Duties	No. Entries	Value	Est. Duties	No. Entries
Dutiable						
Conditionally Free						
Unconditional Free						
Total						

Importer requests that customs approve the filing of C.F. 301 Continuous in an amount determined by Customs to be effective on: _____

Activity Code	Activity Name and Customs Regulation in which conditions codified	Amount Required by Customs	Activity Code	Activity Name and Customs Regulation in which conditions codified	Amount Required by Customs
<input type="checkbox"/> 1	Importer or Broker.....113.62		<input type="checkbox"/> 3	International Carrier.....113.64	
<input type="checkbox"/> 1a	Drawback Payment Refunds..... 113.65		<input type="checkbox"/> 3a	Instrument of International Traffic.....113.66	
<input type="checkbox"/> 2	Custodian of Bonded Merchandise113.63 Includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouses, container station operators		<input type="checkbox"/> 4	Foreign Trade Zone Operator.....113.73	

U.S. Customs district where bond is to be filed: _____

Other districts through which I will import: _____

List Current Term, Annual or Continuous BONDS – E.G. 7553, 7595, 3581, Etc. (Attach additional sheet if necessary)				
BOND TYPE	BOND AMOUNT	EFFECTIVE DATE	SURETY	WHERE FILED
1.				
2.				
3.				

Local district additional information: _____

Years in Business _____

US Government

Proprietorship

Partnership

Corporation State _____

Individual

LLC

CERTIFICATION

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

BY: _____ TITLE: _____ DATE: _____

(Signature)