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## FORWARDER SHIELD INSURANCE APPLICATION

GENERAL INFORMATION										
Full Legal <b>Company</b> Name:					DBA (if any):					
Contact First Name:			Contact Last Name:							
Contact Title:				Email Address:						
Physical Address:				City:		State:		Zip:		
Mailing Address:				City:		State:		Zip:		
Phone Number:			Fax Number:			Website:				
Years in Business:		<input type="checkbox"/> Less than 1 year		<input type="checkbox"/> Corporation, State of:		<input type="checkbox"/> LLC		<input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:		
<i>Please note if in business for less than one year, owner resume/biography outlining industry experience may be requested.</i>										
Federal Tax ID or SS#:			Publicly held Corp: <input type="checkbox"/> Yes <input type="checkbox"/> No		#Employees USA:		#Employees Foreign:			
Number of Office in USA:		Number of offices Foreign:			Include separate page listing all locations including address					
WHAT COVERAGE WOULD YOU LIKE QUOTED/INDICATE DESIRED LIMIT										
<b>Coverage</b>				<b>Desired Limit</b>			<b>Desired Deductible</b>			
Cargo Legal Liability				\$			\$			
Errors & Omissions				\$			\$			
Warehouse Legal Liability				\$			\$			
Other:				\$			\$			
<b>CURRENT COVERAGE</b>		<b>Current Carrier</b>		<b>Premium</b>		<b>Limit</b>	<b>Deductible</b>	<b>Expiration Date</b>		
				\$		\$	\$			
				\$		\$	\$			
				\$		\$	\$			
				\$		\$	\$			
				\$		\$	\$			
OPERATING AUTHORITY										
Company type:		<input type="checkbox"/> Freight Forwarder			<input type="checkbox"/> Trucking			<input type="checkbox"/> Tank Container Operations		
<input type="checkbox"/> NVOCC		<input type="checkbox"/> Ship's Agent			<input type="checkbox"/> Warehouse Operator			<input type="checkbox"/> Air Cargo Agent		
<input type="checkbox"/> Custom's House Broker: # of entries in a 12-month period				<input type="checkbox"/> Other (specify)						
Do you employ designated safety officer(s)?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Who?				
Do you have a loss prevention program in effect?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Describe training and education you require for employees:				
Does your Company currently hold or in the process of certification by a recognized quality management organization (i.e. ISO 2000/9000)?										
<input type="checkbox"/> Yes <input type="checkbox"/> No		Please specify								
Do you issue a House Bill of Lading for ocean moves? (NVOCC)				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide copies of front and back of Bill of Lading				
Do you issue an International House Air Waybill? (HAWB)				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide copies of front and back of HAWB				
Do you issue a Domestic Bill of Lading?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide copies of front and back of Bill of Lading				
Do you operate a warehouse, with your own personnel?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide copies of front and back of Warehouse receipt				
Do operate a warehouse you do not own?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide copies of front and back of Warehouse receipt				
Do you have any signed contracts with Shippers that alter the extent of your liability? If yes, please provide copies of contracts								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cargo Legal Liability										
Ocean Liability (NVOCC Cargo Liability when issuing a House Bill of Lading)										
What percentage of your house bill of ladings are issued:					Door to Door	%	Port to Port		%	
What percentage of your cargo is:					FCL	%	LCL		%	
Annual number of containers moved under your house bill of lading:					TEU's	#	FEU's		#	
Maximum value any one shipment? \$				Do you list the trans-shipment port on your Bill of Lading? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you consolidate cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you charter vessels? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type						



<b>Air Liability (Air Cargo Liability when issuing a House Waybill)</b>							
What percentage of your house air waybills are issued:			Door to Door	%	Port to Port	%	
Total pounds moved under your house air waybill each year:			Total Pounds	#	# of shipments	#	
Do you consolidate your own containers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum value any one shipment?		\$		
Do you ship perishables?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you charter aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type	
<b>Domestic Liability (Domestic Cargo Liability when issuing a Domestic Bill of Lading)</b>							
Do you own or operate trucks to move cargo?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you act as a Carrier by contract or some other agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual values hauled:		\$		Average value per load:		\$	
Number of shipments this year:		% Insured All Risk:		Maximum value per load:		\$	
Percentage moved by air:		%	Percentage by truck:		%	Percentage by rail:	\$
What percentage of your domestic business is moved:			LTL Freight:		%	FTL Freight:	%
What percentage of your moves are:		Local (50 miles):	%	Intermediate (200 miles):	%	Long haul (200 +):	%
Specify your limitation of liability (i.e., \$50 per shipment)			\$		Attach a copy of your domestic bill of lading or receipt		
Do you offer declared value coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the maximum declared value limit?		\$		
Have you ever had any lapses in your Cargo Legal Liability coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide explanation at end of this application			
Has any other insurer cancelled or refused coverage in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach copy of cancellation notice or declination letter or explain			
<b>Errors &amp; Omissions</b>							
Please indicate the type of transport operation applicable and the appropriate % of gross freight receipts delivered from each activity							
Operation	YES	% of GFR	Operation	YES	% of GFR		
Freight Forwarder	<input type="checkbox"/>	%	Road-Rail Operator	<input type="checkbox"/>	%		
Non Vessel Operating Carrier (NVOCC)	<input type="checkbox"/>	%	Logistics Operator	<input type="checkbox"/>	%		
Transit Warehouse Operator	<input type="checkbox"/>	%	Ship Agent	<input type="checkbox"/>	%		
Railway Operator	<input type="checkbox"/>	%	Inland Waterway Operator	<input type="checkbox"/>	%		
Stack Train Operator	<input type="checkbox"/>	%	Refrigerated Warehouse	<input type="checkbox"/>	%		
Trailer Operator	<input type="checkbox"/>	%	Warehouse or Depot Operator	<input type="checkbox"/>	%		
Tank Operator	<input type="checkbox"/>	%	Airfreight Distribution	<input type="checkbox"/>	%		
Reefer Operator	<input type="checkbox"/>	%	Hauler	<input type="checkbox"/>	%		
Other	<input type="checkbox"/>	%	Other	<input type="checkbox"/>	%		
<b>Subcontractors</b>							
Please give an approximate estimate of the percentage of your annual gross freight receipts you pay to independent subcontractors							
Contractor	Yes	% of GFR	Contractor	YES	% of GFR		
Ship Operators	<input type="checkbox"/>	%	Consolidators	<input type="checkbox"/>	%		
Road Haulers	<input type="checkbox"/>	%	Packers	<input type="checkbox"/>	%		
Warehouse keepers	<input type="checkbox"/>	%	Other	<input type="checkbox"/>	%		
Do your subcontractors limit their liability to a differing level than that of your own?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you require evidence of insurance from your subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Cargo Estimates</b>							
Please give an approximate estimate of the percentage of your annual gross freight receipts derived from the following types of cargo							
Containerized Cargo (Twenty Equivalent Units) TEU's		%	Break bulk Cargo		%		
Palletized Cargo		%	Percentage of traffic that is co-loaded with others?		%		
Provide Twenty Equivalent Units (TEU's) or Tonnage and Gross Freight Receipts (GFR) for each of the following modes of traffic							
<b>Please note Gross Freight Receipts are total billings less duties and taxes</b>							
Mode	TEU'S	Tonnage	GFR's				
Ocean			\$				
Air			\$				
Road			\$				
Rail			\$				
If not included in your Gross Freight Receipts above, please list annual revenues/fee generated by the following							
Customs Brokering		\$	Warehousing		\$		
What percentage of your traffic does the following represent, also indicate maximum value							
Cargo	% of traffic	Maximum Value	Cargo	% of traffic	Maximum Value		
Personal Effects	%	\$	Temperature Controlled Goods	%	\$		
Liquor/Tobacco	%	\$	Various General Cargo	%	\$		
Bulk Shipments	%	\$	Electronic Equipment	%	\$		
Project Cargo	%	\$	Tank Cargo	%	\$		
Do you currently have or require cargo insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No				



<b>Traffic Area</b>					
Please give an approximate estimate of the percentage of cargo to/from or within the following areas					
Africa	%	Australia	%	Central/South America	%
China	%	C.I.S.	%	Europe	%
Far East	%	India/Pakistan	%	Mexico	%
Middle East	%	South Africa	%	USA/Canada	%
<b>Warehouse Operator</b>					
If you operate more than one warehouse location, complete this section for each warehouse by including separate page					
Warehouse Location:					
Warehouse wall construction:		Warehouse receipts:			
Warehouse roof construction:		Warehouse square footage:			
Fire & Safety features:		Alarms, Guards, other:			
Commodities stored:					
Maximum length of storage:		Average turn over time:			
Average value in warehouse:		Maximum value at warehouse?			
Standard trading conditions (please provide copy)					
Please indicate if you provide the following services					
Consolidation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you provide open outside storage?	
Deconsolidation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you store hazardous materials?	
In-Transit Warehousing?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you offer full value coverage?	
Provide Long Term Storage?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do act as a distributor or hold 3 <sup>rd</sup> party cargo?	
Refrigerated Storage?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you offer limited liability?	
Is no smoking enforced in appropriate work and storage areas?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are yard and warehouse areas fenced, lighted and secure?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any commodities stored under a storage receipt longer than 90 days?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If so, describe commodities and approximate values, attach a copy of the storage receipt.</i>					
Any packing and/or crating in the warehouse? <i>If so, provide details by location; describe products, how packaged, percentage of operations this constitutes and gross receipt from operations.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe inventory-stacking methods ( <i>clearance, pallet versus shelf, etc.</i> )					
<b>CLAIMS HISTORY</b>					
Please provide hard copy "loss runs" for all lines of coverage being quoted for the last five years (current year, plus four previous). If no coverage has been in effect, please indicate any known losses in the claim section under the appropriate line of coverage.					
Have any claims been made against the company or present partners or directors in respect to the type of liabilities to which this proposal relates? <i>If yes, describe below, or attach separate page with full details</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you at any time, been refused similar insurance, or been quoted increased premium or had special terms imposed? <i>If yes, describe below, or attach separate page with full details</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>There may be additional financial risk your company faces, please indicate any other coverages you may be interested in:</b>					
<b>Please provide any additional comments:</b>					

Please provide copies of any of your current policies to support our risk management audit and our quotation/proposal for you. Please provide hard copy "loss runs" for all lines of coverage being quoted for the last five years (current year, plus four previous). If no coverage has been in effect, please indicate any known losses in the claim section under the appropriate line of coverage.



**APPLICANT ACKNOWLEDGEMENT & SIGNATURE**

By signing below, you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed and any additional requested items are received.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties. (not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject person to criminal and civil penalties.

In the Washington, it is a crime to knowingly provide false, incomplete information to an insurance company for defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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