

FREIGHT SERVICES

LEGAL LIABILITY POLICY APPLICATION



Please use block letters and tick boxes where appropriate. If requested, please provide further details in the boxes provided. If there is insufficient space please use an additional sheet of paper. A copy of the completed application will be supplied on request but you should keep a record of any information you provide for the purpose of entering into this contract of insurance.

PART A - GENERAL

Agent / Broker:

Applicant: Year of Foundation:

Address: # of Staff:

Other Offices At:

Policy Period:	To:	Member of:	CIFFA Yes No	CSCB Yes No
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1. PRINCIPALS

Name	Title	Years Experience

2. LOCATION OF PREMISES

	Owner	Lessee	Tenant
(i)			
(ii)			

3. DETAILS OF OPERATIONS AT EACH LOCATION

(i)	
(ii)	

PART B – CARGO LEGAL LIABILITY INSURANCE

1. TRADING AREA (% OF TRAFFIC):

N. America	%	W. Europe	%	E. Europe	%	Middle East	%	Africa	%
Far East	%	Other Asia	%	Australasia	%	C. America / Caribbean	%	S. America	%
Percentage moved	%	As a principal (e.g. – NVOCC)	%	As an agent	%				

2. SEA TRAFFIC

% of traffic moved is:	Containerised	%	Break Bulk	%	Bulk	%
Do you consolidate / stuff containers?	Yes	No	Does your B/L show transshipment port?	Yes	No	
Do you issue your own House B/L (if "Yes" please supply a copy)	Yes	No	Is your B/L?	door/door	port/port	
Do you transship cargo?	Yes	No	Does carrier issue B/L to you?	door/door	port/port	
Do you issue FIATA Bills of Lading?	Yes	No	Any other Combined Transport Documents?	Yes	No	

3. AIR TRAFFIC

Do you issue your own house air waybill? (if "Yes" please supply a copy)	Yes	No	Are you an IATA agent?	Yes	No
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4. ROAD TRAFFIC

TRADING AREA (% OF TRAFFIC):					
USA	%	Canada	%	Other	% Specify:
Do you use web based load booking / freight booking sites to book freight movements? Yes No			Do you issue a B/L? (If "Yes", please supply a copy) Yes No		
If "Yes", what % of total?: %					
% of traffic hauled with declared values: (If "Yes", provide total values & description of cargo) %			Do you annually check your subcontractors cargo liability insurance? Yes No		

5. WAREHOUSING (not subcontracted)

What services do you provide: Consolidation / Deconsolidation Long term storage
Refrigerated Storage Local collection / delivery

Number of warehouses: Total sq. metres:

Please attach construction / security details of each location (if different from those outlined in SECTION 1)

Conditions used: National Warehousing Conditions Other (please specify):

6. SPECIAL CARGO (# of shipments annually):**Value:**

Project	Reefer	Tank Containers	Spirits & / Or Tobacco	Perishable Cargo
Household Goods & P.E.	Motor Vehicles	Clothing & / Or Footwear	Bottled Perfumery	Audio / Video Equipment
Pre-Recorded Media CD's, DVD's, Tapes, etc.	Non Ferrous Metal – coils, sheets, tubes, bars, ingots, scrap, etc.	Computer equipment, software, elec. Accessories, games etc.	Other (please specify):	

7. VOLUMES (TEU's or tonnages (Gross Freight Receipts [G.F.R.]

	Current Year		Next Year	
	Tonnes	G.F.R.	Tonnes	G.F.R.
Sea				
Air				
Road				
Warehousing				
TOTAL				

8. LIMITS REQUIRED

Cargo Legal Liability:

PART C – ERRORS & OMISSIONS**1. Non-incorporation of contract conditions**

Do you require cover for your liability at common law under any operative section of the policy for accidental failure to incorporate your contract conditions into the contract with your customer?

Yes No

If "Yes", will you?

a. Instruct your staff in writing to tell customers of the contract conditions applicable when:

i. Verbally quoting for business? Yes No

ii. Confirming quotations in writing? Yes No

b. Include a clear wording on all stationery used to communicate with customers stating that all business is transacted subject to your contract conditions and that copies are available on request? Yes No

c. Make copies of your contract conditions available to customers on request? Yes No

If "No", to any of the above, please tell us in the box below how customers are made aware of your contract conditions and enclose copies of any documents used.

IMPORTANT: If you use more than one set of contract conditions, please enclose specimen copies of all stationery (including facsimile headers) used by you in communications with customers.

2. Errors and Omissions

Do you require cover for your liability for claims made against you for breach of duty in the course of the conduct of your business? Yes No

If "Yes", please provide the following information:

a. Please tick the business activities for which you require this cover:

Road haulage Warehousing Freight forwarding Other

If "Other", please provide details in the box below

b. Are you responsible for performing any inspections or verifications? Yes No If "Yes", please provide full details below:

c. How many partners, directors, principals and staff are employed in the business?

d. Will you obtain and retain at least two satisfactory references from reliable sources for all new managerial and clerical employees engaged after the inception of this insurance? Yes No

If "No", please tell us in the box below how such prospective employees are(or will be) vetted

e. Do you ever contract to make or collect payments on behalf of customers or principals? Yes No

f. The standard limits of liability for the Errors and Omissions extension to our policy are:

i. \$250,000 for all claims arising out of any one event or made during any one annual period of insurance

If these standard limits are inadequate for your needs please state the limit required for:

i. all claims arising out of any one event or made during any one annual period of insurance:

g. Are you, any director, partner, predecessor, or employee aware of any circumstances that might result in:

i. a claim against you or them under the extension? Yes No

ii. any losses or expenses being incurred which might be within the terms of this extension? Yes No

If "Yes", please provide details in the box below

DATE (dd/mm/yyyy)	DETAILS	ESTIMATED COST

3. Other services or activities

Do you require cover for your liability for damage to property during packing, processing or any other service or activity undertaken by you or on your behalf which is not provided for elsewhere in this proposal form? Yes No

If "Yes", please provide details in the box below

DETAILS OF SERVICES OR ACTIVITIES	ESTIMATED RECEIPTS

Do you take steps to limit your liability for these "other" services? Yes No

If "Yes", how?

