



Freight Forwarder's Legal Liability Application

This form may be completed by you or your insurance broker. Please provide information for all of the spaces below. Save a copy for your own records, and have your insurance broker submit the completed application to an Aldis underwriter via e-mail.

APPLICATION INFORMATION

Insurance broker:

Applicant's name:

Address:

City: Province:

Postal code: Number of years in business: *All monetary values are in:

Other office locations:

Member of: CIFFA CSCB/AICBA International Air Transport Association
 Any other recognized body (please name):

Principals	Name	Title	Years of experience
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BUSINESS ACTIVITIES

Trading area by percentage of traffic

N. America	%	S. America	%	W. Europe	%	Far East	%	Africa	%
C. America/Caribbean	%	Middle East	%	E. Europe	%	Australasia	%	Other Asian	%

Percentage moved as: A principal (eg. NVOCC): % As an agent: %

Percentage moved as: Sea traffic: % Air traffic: % Road traffic: %

Sea Traffic

Percentage of traffic moved is: Containerized: % Breakbulk: % Bulk: %

Do you consolidate containers: Yes No Do you transship cargo: Yes No

Do you issue your own house bill of lading: If 'Yes' please provide a copy. Yes No Does your bill of lading show transshipment port: Yes No

Is your bill of lading: Door to door Does your carrier issue a bill of lading to you: Door to door
 Port to port Port to port

Air Traffic

Do you issue your own house airway bill: Yes No If 'Yes' please explain.

Road Traffic

Trading area (%): Canada % U.S.A. % Other % Specify:

What percentage do you haul yourself: % If you do your own hauling, please provide a list of owned vehicles and trailers.

Do you issue a bill of lading: Yes No Percent of traffic hauled with declared values: %
 If 'Yes' please provide a copy.

VOLUME

Actual gross freight receipts for this year: \$ Estimated gross freight receipts for next year: \$

ERRORS AND OMISSIONS

Do you require coverage 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 state for which business activity this is required: Freight forwarding Customs house broker
 Other describe:

Do you require coverage 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' do you: Instruct your staff in writing to tell customers of the contract conditions applicable when verbally quoting for business: Yes No

Instruct your staff in writing to tell customers of the contract conditions applicable when confirming quotations in writing: Yes No

Include a clear wording on all stationery used to communicate with customers stating that all business is transacted subject to your contract conditions: Yes No

Make copies of your contract conditions available to customers on request: Yes No

If 'No' to any of the above, please tell us how customers are made aware of your contract conditions and enclose copies of any documents used:

Please state the Errors and Omissions limit that you require: \$

UNDERWRITING INFORMATION

Name of previous insurer(s):

Do you require cover for your liability for damage to property during packing, processing, or any other services or activity you undertake that has not been provided for in this application: Yes No

If 'Yes' please explain:

Have you ever had a previous policy cancelled: Yes No

If 'Yes' please explain:

Premium and loss history for the last 5 years:

Year	Premium paid	Losses paid	Losses outstanding	Details
2006	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2007	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2008	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2009	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2010	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Additional information:

Aldis privacy statement:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including, but not limited to, the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company to assess, underwrite, and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results, and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct.

Date:

Applicant's signature:

Broker's signature: