



# SHIPPING + FORWARDING AGENTS PROFESSIONAL LIABILITY INSURANCE

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. Name of Applicant:

\_\_\_\_\_

2. Address (Head Office):

\_\_\_\_\_

Date Established: \_\_\_\_\_

Web Site: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

3. Branch Office:

\_\_\_\_\_

Is each branch office in the active control of a manager with at least three years experience in the Freight Forwarding industry?  Yes  No

4. Partners and Officers (Attach Resume)	University attended	Degree	Year	Prov. Licensed to practice in
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Number of staff, including Partners and Officers:

a) Working Partners, Directors and Officers \_\_\_\_\_

b) i) Managers \_\_\_\_\_

ii) Years in industry \_\_\_\_\_

c) Typists, Clerical \_\_\_\_\_

d) Other office staff \_\_\_\_\_

6. Does the Applicant issue and or provide its customers with any consignment memorandum or other document or agreement?  Yes  No  
 If Yes, attach specimen copies of all such memoranda and/or agreements.
7. Is the Applicant responsible for securing suitable insurance coverage, either marine or non-marine or aviation, in respect of consignments?  Yes  No  
 If Yes, describe to what extent:
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8. Does the Applicant act in any of the following capacities?  Yes  No  
 If Yes, insert Total Income (i.e. Gross Receipts, not Gross Commission) from each activity:

	<u>Expiring 12 Mo.</u>		<u>Projected 12 Mo.</u>	
	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
a) Domestic Freight Forwarding Agent	\$ _____	_____	\$ _____	_____
b) International Freight Forwarding Agent	\$ _____	_____	\$ _____	_____
c) Customs House Broker	\$ _____	_____	\$ _____	_____
d) Any other? (Please specify)	\$ _____	_____	\$ _____	_____

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N.B. Coverage may not be available for activities other than those listed in a), b) and c) above.

9. If the Applicant earns income from international operations:
- a) i) What percentage of the Applicant's total gross income is derived from the United States of America: \_\_\_\_\_ %
- ii) Is the Applicant involved with Central or South American, North African or Middle East destinations  Yes  No

iii) What percentage of the Applicant's total income is derived individually therefrom:

Central America	_____	%
South America	_____	%
North Africa	_____	%
Middle East	_____	%

b) Has the Applicant ever been involved in any disputes concerning shipments to these destinations?  Yes  No  
If Yes, give details:

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10. Is the Applicant an active member of:

- a) Transatlantic Steamship Agency?  Yes  No
- b) International Air Transport Association?  Yes  No
- c) Air Travel Conference?  Yes  No
- d) Any other recognized association or entity?  Yes  No  
If Yes, please advise:

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11. a) State the major companies for which the Applicant normally acts:

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b) i) State the main companies or lines to which goods are consigned for carriage:

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ii) Is the Applicant company related in any way to any such carrying company?

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c) State the types of commodities mainly handled:

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d) Does the Applicant handle any commodities for which special documentation may be required? (e.g. foodstuffs, chemicals, volatile products, minerals, arms, etc.)  Yes  No  
If Yes, give full details, including values, destinations, types, etc.:

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e) Maximum value any one shipment: \_\_\_\_\_

f) Average value any one shipment: \_\_\_\_\_

12. Does the Applicant during the course of business ever receive instructions to purchase or obtain goods or materials on behalf of others?  Yes  No  
If Yes, give details:

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13. Does the Applicant become involved in the mode of payment for consignments? (i.e. letters of credit, sight drafts, etc.)  Yes  No  
If Yes, give details:

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14. Is the Applicant controlled by, owned by, or related to any other firm corporation or company?  Yes  No  
If Yes, please give details:

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15. Do any of the partners or officers of the Applicant hold an interest in any other corporation with whom the Applicant carries on business?  Yes  No  
If Yes, attach details.

16. Does the Applicant, any partner, officer or related company engage in the actual work of construction or fabrication other than supervision?  Yes  No  
If Yes, give details:

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17. Are more than 25% of your Professional Services provided for one client?  Yes  No  
If Yes, give details:

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18. Does the Applicant currently carry professional or errors and omissions liability insurance?  Yes  No

i) If Yes, please indicate the name of the Insurer:

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ii) Please indicate if such coverage is offered on an occurrence basis or claims made basis.

Occurrence  Claims Made

iii) If current coverage is on a claims made basis, what is the retroactive date? \_\_\_\_\_

iv) What is your current policy limit? \_\_\_\_\_

v) What is your current deductible? \_\_\_\_\_

vi) If you are presently insured, are renewal terms being offered?  Yes  No  
If No, please state reason:

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19. a) Have any claims ever been made to your knowledge against you, any business predecessors, or any of the present or former partners or officers?  Yes  No

b) Are you aware of any act, error, omission or circumstances which could give rise to a claim against you or any predecessor in business, or any present or former partner or officer?  Yes  No

= H<9'5BGK 9F HC 9-HK 9F E'% UL'CF E'% VL'=G'MPGZ7CAD@9H9'H<9'9B7@CG98'7@5-A G<=GHCFM: CFA

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 19. a) AND/OR 19. b) OR ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

20. Has any Partner, Executive Officer, Director or Professional Employee had their licence suspended, been fined or reprimanded during the past five years?  Yes  No  
If Yes, attach details.

21. To the Applicant's knowledge, has any company declined or terminated the insurance for the Applicant, any present partner or officer or for any predecessor in the business, past partners or officers?  Yes  No  
If Yes, provide details:

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22. Please note the professional associations to which the Applicant belongs:

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23. When is your fiscal year end? \_\_\_\_\_

24. **Does the Applicant agree that the coverage provided by the Shipping + Forwarding Agents Professional Liability, when issued, will limit its application solely to incorrect instructions, faulty arrangements, and/or clerical errors relating directly to the movement of goods and/or materials, the property of others, by an independent carrier unless specific extensions of coverage shall be endorsed thereon?**  Yes  No

25. Insurance required:

**LIMITS:**

\$1,000,000	<input type="checkbox"/>
\$2,000,000	<input type="checkbox"/>
\$3,000,000	<input type="checkbox"/>
\$4,000,000	<input type="checkbox"/>
\$5,000,000	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

**DEDUCTIBLES:**

\$ 1,000	<input type="checkbox"/>
\$ 2,500	<input type="checkbox"/>
\$ 5,000	<input type="checkbox"/>
\$10,000	<input type="checkbox"/>
\$25,000	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this declaration shall be the basis of any binder or contract or insurance with the Insurer, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this application does not bind the Insurer to the issue of the insurance nor the Applicant to the purchase of the insurance.

It is further understood and agreed that if, following submission of this application to the Insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 19. a) or 19. b) of this application, the Insurer shall be immediately notified in writing of such information.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

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Signature of Applicant (authorized representative)

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Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**

**CLAIMS HISTORY**

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Suit:  Yes  No

Amount Claimed: \_\_\_\_\_ Estimated Liability: \_\_\_\_\_

Indemnity Paid: \_\_\_\_\_ Expenses Paid: \_\_\_\_\_

Closed: Yes  No

Description of Claim: \_\_\_\_\_

Claimant: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Suit:  Yes  No

Amount Claimed: \_\_\_\_\_ Estimated Liability: \_\_\_\_\_

Indemnity Paid: \_\_\_\_\_ Expenses Paid: \_\_\_\_\_

Closed: Yes  No

Description of Claim: \_\_\_\_\_

Claimant: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Suit:  Yes  No

Amount Claimed: \_\_\_\_\_ Estimated Liability: \_\_\_\_\_

Indemnity Paid: \_\_\_\_\_ Expenses Paid: \_\_\_\_\_

Closed: Yes  No

Description of Claim: \_\_\_\_\_