

Freight Forwarders' Legal Liability Coverage Application

(Please attach extra pages if necessary)

GENERAL INFORMATION

Company Name		D/B/A (Doing Business As)		
Address (No. and Street)		City	Province	Postal Code
Contact Name		Position/Title		
Telephone:	Fax:	Mobile:	e-mail:	Website:

BUSINESS OPERATIONS

Briefly describe the nature of your business _____ Number of years in business _____

Are you a member of any trade association: Yes No
 If YES, are you a member of CIFFA Other; please describe: _____

Please advise the number of staff broken down into the following categories:

Director/Senior Management:	Senior Technical:	Clerical/Secretarial:
Warehousemen:	Operational:	Bonded Employees:
Drivers:	Other (describe):	

Radius of Operation:

Local (1 to 100 miles):	%	Intermediate (101-500 Miles):	%	Long Haul (500+ Miles):	%
-------------------------	---	-------------------------------	---	-------------------------	---

Do you use sub-contractors Yes No
 If yes, what is the number of sub-contractors you use: _____
 Do you have a process to obtain Certificates of Insurance from all sub-contracted carriers Yes No

Do you ensure that all sub-contracted carriers have a minimum of \$2 million in Auto Liability for Third Party Bodily Injury/ Death Yes No
 Do you ensure that all sub-contracted carriers have cargo liability insurance equivalent to the value of the goods Yes No

GROSS RECEIPTS

Please provide Gross Freight Receipts as follows:
 Gross Freight Receipts means the total amount of receipts to which the Insured is entitled for the services to which the policy applies before deduction of amounts paid or payable to subcontractors, but excluding customs duty, sales tax or similar charges paid on behalf of the customers.

Upcoming Year:	Current Year:	Prior Year:
Upcoming Dollar amount (CAD): \$	Current Dollar amount (CAD): \$	Prior Dollar amount (CAD): \$

FREIGHT FORWARDS' LEGAL LIABILITY AND ERRORS AND OMISSIONS COVERAGE

Operations for which you require insurance (check as appropriate):
 Freight Forwarder NVOCC Ship Agent Customs Broker Terminal Operator Warehousekeeper Load Broker

Coverage	Limit of Liability	Deductible	Coverage	Limit of Liability	Deductible
Cargo Liability	\$	\$	Errors and Omissions	\$	\$

Please describe the main areas of your business and trading conditions	% of operation	Conditions	Attached
Freight Forwarder <input type="checkbox"/> As Agent	%		<input type="checkbox"/>
<input type="checkbox"/> As Principal	%		<input type="checkbox"/>
NVOCC	%		<input type="checkbox"/>
Ship Agent	%		<input type="checkbox"/>
Customs Broker	%		<input type="checkbox"/>
Terminal Operator	%		<input type="checkbox"/>
Warehousekeeper <input type="checkbox"/> Owned	%		<input type="checkbox"/>
<input type="checkbox"/> Sub-contracted	%		<input type="checkbox"/>
Load Broker	%		<input type="checkbox"/>
Other, please describe	%		<input type="checkbox"/>

NOTE: Please attach a sample Contract/Trading Conditions for each of the above applicable operations, unless they are standard forms, such as FIATA Bill of Lading (ocean), CIFFA Standard Trading Conditions, CSCB Standard Trading Conditions, Uniform Truck Bill, etc.

COMMODITIES

Average # of shipment to be insured <input type="checkbox"/> per month <input type="checkbox"/> per year		Estimated Insurable Volume: \$ CAD		Average Insured Shipment Value \$ CAD		Maximum Insured Shipment Value: \$ CAD	
Shipment Mode	Shipment Type:	Domestic Transit:		Shipment Method:			
Air %	Domestic %	Truck %		Containerized – FCL/FTL %	Ro-Ro %		
Ocean %	Imports %	Rail %		Containerized – LCL/LTL %	Open Top/Flat Deck %		
Inland %	Exports %	Courier %		Non-containerized %	Other: %		

Type of product shipped and the percentage of your traffic for the following commodities? Check all that apply

<input type="checkbox"/> New General Merchandise %	<input type="checkbox"/> Used General Merchandise %
<input type="checkbox"/> Non-Perishable Goods %	<input type="checkbox"/> Commercial Automobiles %
<input type="checkbox"/> Perishable Goods %	<input type="checkbox"/> Fragile Goods %
<input type="checkbox"/> Refrigerated and/or Temperature Controlled Cargo %	<input type="checkbox"/> Laptop, Mobile phones and PDAs %
<input type="checkbox"/> Clothing and Footwear %	<input type="checkbox"/> Household Goods/Personal Effects %
<input type="checkbox"/> Radioactive, Hazardous, Restricted, Controlled Items %	<input type="checkbox"/> Firearms, Ammunition and Explosives %
<input type="checkbox"/> Alcohol, Spirits, Liquor and Tobacco Products %	<input type="checkbox"/> Bullion, Precious Metal and Negotiable Documents %
<input type="checkbox"/> Antiques, Artwork and Collectibles %	<input type="checkbox"/> Live Animals & Trees %
<input type="checkbox"/> Jewelry, Watches, Precious Stones and Metals %	<input type="checkbox"/> Fur & Skins %
<input type="checkbox"/> Bulk Cargo: Describe %	<input type="checkbox"/> Other: Describe %

Please advise the percentage of your traffic to/from or within the following geographic areas

Country	Total Percentage	Road	Rail	Air	Container (Ocean)	Non-Container (Ocean)
North America	%	%	%	%	%	%
South America	%	%	%	%	%	%
Central America	%	%	%	%	%	%
Caribbean	%	%	%	%	%	%
Europe	%	%	%	%	%	%
Russia & former CIS Countries	%	%	%	%	%	%
Asia / Far East	%	%	%	%	%	%
Africa	%	%	%	%	%	%
Middle East	%	%	%	%	%	%
Other (Specify):	%	%	%	%	%	%

PREVIOUS INSURANCE INFORMATION

Previous Insurance Broker		Previous Insurance Company	
Coverage	Expiry Date (mm/dd/yy)	Coverage	Expiry Date (mm/dd/yy)
Freight Forwards' Legal Liability and Errors And Omissions		Warehouseman's Liability	
Property (Including Equipment Breakdown):		Business Interruption	
Commercial General Liability (CGL)		Crime	

LOSS EXPERIENCE

Date or Year of Incident	Coverage Type, i.e. Property, Liability, etc.	Loss Description	Amount Paid Or Outstanding

Insurance Disclosure and Authorization to Bind Form

A. PRIVACY COMPLIANCE FORM

The Client hereby acknowledges that Marsh has been retained by the Client, the Association, and/or a member of the Association, which is a Client, to provide insurance coverage and products to its members and/or to acquire or renew a policy or policies of insurance or to provide Surety, Consulting, and/or Risk Management Services for the Client, Association and/or members of the Association, under which the Client, individual Client, named individual members of the Client, named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured. As part of the application for new or renewal insurance coverage(s) or to provide Surety, Consulting and/or Risk Management Services, the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing Personal Information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters, the association if applicable, and other third parties involved in providing the above services as outlined in Marsh's Privacy Policy which can be viewed at www.marsh.ca or can be forwarded to the Client on request.

Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals for its disclosure of their Personal Information to Marsh and to the collection, use and disclosure of their Personal Information by Marsh for these purposes and has either provided a copy of Marsh's Privacy Policy or referred the insured individuals to the Marsh.ca website. The Client agrees to indemnify and hold Marsh harmless for any claims arising from the Client's breach of this warranty.

B. PROGRAM DISCLOSURE

Your Freight Forwarders' Legal Liability coverages will be placed with a program administered by Marsh Canada Limited. Marsh Canada has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program (Freight Forwarders' Legal Liability) on a group basis with insurers but we have not acted as a broker for any individual participant.

This Program may be for a term of several years and may not be negotiated annually.

C. COMMISSION DISCLOSURE

Marsh Commissions:

Line of Coverage	Insurance Company	Premium (\$)	Insurer Consulting Compensation (Percentage or Fee Based)	Retail Commission (%)	Other Access	Other Access Point Commission
Freight Forwarders Legal Liability Coverage						

Notes: Marsh Role

Marsh is serving as your broker in placing your insurance coverage(s) referenced above. Marsh may receive different forms of compensation that relate directly or indirectly to your placements. Since Marsh's compensation may vary depending on the insurance program that you choose, Marsh is providing you with information to help you evaluate potential conflicts of interest.

Marsh may be compensated by commissions based on the sale of insurance. Commissions may vary depending on a number of factors, including the insurance purchased and the insurer selected. The commissions that Marsh or its affiliates may collect on the quotes Marsh obtained on your behalf are itemized above.

Insurer Consulting Compensation

Marsh receives separate compensation from insurers for providing consulting, data analytics or other services. The services are designed to improve the offerings available to our clients, assist insurers in identifying new opportunities, and enhance insurers' operational efficiency. The scope and nature of the services vary by insurer and by geography. This compensation can be paid in the form of a fixed fee, a percentage of premium, or a combination of both. It is in addition to and will not be credited against any fee payable to Marsh and will not be subject to any cap on commissions payable to Marsh.

For additional information, please visit: <http://Canada.marsh.com>>About Us>About Marsh>Disclosure

- Marsh & McLennan Companies, Inc. and its subsidiaries have direct and indirect investments in insurance and reinsurance companies and have contractual arrangements with certain insurers and wholesale brokers.
- Premium Financing - Marsh Income disclosure statement

D. SIGNATURE

PLEASE RETURN THE SIGNED CONSENT VIA EMAIL OR FAX

Privacy Consent - Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial laws, are intended to protect the confidentiality of an individual's Personal Information. We rely on the employer to obtain the consent of the employee for the collection, use or disclosure of personal information necessary for us to properly manage the client's insurance programs. Such information may be used to make decisions about insurance applications and to assess eligibility for, process and maintain insurance coverage, related products and services; analyze, assess and underwrite risks on a prudent basis; respond to the client's inquiries about applications, accounts and other services; investigate and pay claims; and detect and prevent fraud, suspicious claims or other illegal activities. As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing the client's Personal Information as required for those purposes and as permitted pursuant to relevant privacy laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters and other third parties involved in providing insurance services. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their Personal Information to Marsh for these purposes and for Marsh to use and disclose it for these purposes. Marsh's Privacy Policy is available at www.marsh.ca

By signing this form you are consenting to the statements above.

Client Name (or an authorized signing Officer where the Client is a commercial or other entity) (please print)

Signature of Client

Date (mon/dd/yyyy)