

# ERRORS & OMISSIONS – BOL LIABILITY

## INSTRUCTIONS:

Please fill out this form completely and attach the requested documentation. This information is confidential and will be shared only with Underwriters at Insurers during our search for the best coverage for you.

**Incomplete applications are considered no application. You must put something in each field.**

## GENERAL INFORMATION

Name of Assured  
 Adresse  
 City  
 Telephone  
 Email  
 Year of Formation

Fax

Number of Years' Experience

Applicant is (CHOOSE ONE)  Individual  Partnership  Corporation  Other (EXPLAIN)

Business Activity (PLACE AN 'X' IN ALL THAT APPLY)  Freight Forwarder  NVOCC  Air Cargo Agent (IATA)  
 Ship's Agent  Customs Broker  Other (EXPLAIN)

Staff (PLEASE ADVISE TOTAL NUMBERS OF EACH CATEGORY)	Full Time		Part Time	
	Total Employees	Clerical	Warehouse/Delivery	Principals/Partners
				Technical
				Management/Sales

State any Degree of Certification achieved by you or any of your employees  
 Please provide background or general information about your organization

Has any employee been convicted for an act committed in violation of any law/ordinance?  YES  NO (IF 'YES' EXPLAIN BELOW AND/OR ON SEPARATE SHEET)

Have you ever had an insurance policy canceled or declined?  YES  NO (IF 'YES' EXPLAIN BELOW AND/OR ON SEPARATE SHEET)

## OPERATIONAL INFORMATION

Please describe the main areas of your business and trading conditions:

(Attach a sample Contract/Trading Conditions for each of these operations)

	% of Business (MUST TOTAL 100%)	Conditions (Own/FIATA, etc.)	Are Your Trading Conditions Attached?	
Freight Forwarder as Agent	%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Freight Forwarder as Principal	%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
NVOCC	%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Customs House Brokerage	%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Letter of Credit Preparation	%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Road Carrier Total			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Own Total: _____%	%			
Sub Contract Total _____%				
Rail Carrier Total			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Own Total _____%	%			
Sub Contract Total _____%				
Air Carrier Total			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Own Total _____%	%			
Sub Contract Total _____%				
Warehousekeeper Total			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Own Total _____%	%			
Sub Contract Total _____%				
Other (PLEASE SPECIFY)	%		<input type="checkbox"/> YES	<input type="checkbox"/> NO
= 100%				

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## OPERATIONAL INFORMATION (continued)

**List the approximate percentage of your traffic to/from/within the following areas:**

(ADDING ALL NUMBERS WITHIN THIS TABLE SHOULD TOTAL 100%)

	% ROAD	% RAIL	% SEA FCL <small>(CONTAINERIZED)</small>	% SEA LCL <small>(NON-CONTAINERIZED)</small>	% AIR
USA / Canada					
Mexico					
Central America / Caribbean					
South America					
Middle East					
Western Europe					
Eastern Europe					
Italy					
C.I.S. (Former Soviet Union)					
India / Pakistan					
China					
Far East (except China)					
Austral-Asia					
Southern Africa					
Rest of Africa					

**List the percentages of your total traffic for the following types/categories of cargo:**

(THESE PERCENTAGES DO NOT NEED TO ADD UP TO 100%)

	% OF TOTAL		% OF TOTAL
Personal Effects		Cigarettes	
Wines		Jewelry	
Spirits		Computers & Related Equipment	
Other High-Value Cargo (SPECIFY)		Stereos, CD Players, Game Consoles, etc.	
Temperature/Atmosphere Controlled Cargoes		Video Tapes / CDs / DVDs / etc.	

**Please provide turnover (Gross/Net Freight Receipts) as follows:**

	Gross Freight Receipts	Net Freight Receipts	Tonnage/TEUs Handled		Gross Freight Receipts	Net Freight Receipts	Tonnage/TEUs Handled
Next 12 Months	\$	\$		Current Year	\$	\$	
Current Year -1	\$	\$		Current Yr -2	\$	\$	
Current Year Payroll	\$						

## INSURANCE HISTORY

**Operations for which you have or require insurance** (PLEASE CHECK AS APPROPRIATE)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Freight Services | <input type="checkbox"/> Container Operator             | <input type="checkbox"/> Terminal Operator |
| <input type="checkbox"/> Ship Agent       | <input type="checkbox"/> Vessel/Slot Charterer/Operator | <input type="checkbox"/> Port Authorities  |

**Do you arrange Cargo Insurance on behalf of your clients?**

- YES  
 NO (EXPLAIN WHY NOT):  
 SOMETIMES (EXPLAIN WHEN):

**Please provide details of your Liability/E&O Insurers & Brokers during last 4 years:**

	BROKER OR AGENT	INSURERS <small>(Insurance Company)</small>
Current Year		
Minus 1		
Minus 2		
Minus 3		

**Please provide Liability/E&O Insurance Policy & Loss details for the past 4 years:**

	DEDUCTIBLE LEVEL	PAID CLAIMS	OUTSTANDING CLAIMS	TOTAL CLAIMS
Current Year	\$	\$	\$	\$
Minus 1	\$	\$	\$	\$
Minus 2	\$	\$	\$	\$
Minus 3	\$	\$	\$	\$

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INSURANCE HISTORY (continued)					
Have any claims or suits for Professional Liability valued at over USD 10,000 been made against you or any of your predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers or employees.					<input type="checkbox"/> NO <input type="checkbox"/> YES
IF "YES"      Date of Loss: Circumstances of Claim: Reserve and/o payments, expenses:					
Do you currently have Errors & Omissions coverage?		<input type="checkbox"/> NO <input type="checkbox"/> YES If "YES" – What is Expiration/Renewal Date:			
Do you currently have General Liability coverage?		<input type="checkbox"/> NO <input type="checkbox"/> YES If "YES" – Name of Insurer:			
Please provide General Liability Loss Record		Deductible Level	Paid Claims	Outstanding Claims	Total Claims
	Current	\$	\$	\$	\$
	Minus 1	\$	\$	\$	\$
	Minus 2	\$	\$	\$	\$
	Minus 3	\$	\$	\$	\$
Do you currently have an ICC/DOT/MC number?		<input type="checkbox"/> NO <input type="checkbox"/> YES			
IF "YES"					
Number:					
Who is your Motor Truck Cargo Insurer:					
MTC Deductible: \$		MTC Limit: \$			
Do you currently have Warehouse Insurance?		<input type="checkbox"/> NO <input type="checkbox"/> YES			
IF "YES"					
Warehouse Insurance Insurer:					
Warehouse Deductible \$		Warehouse Limit \$			
INSURANCE & TERMS YOU DESIRE US TO QUOTE					
Limit of Liability Desired	Bill of Lading Legal Liability		\$		
	Errors & Omissions		\$		
	General liability		\$		
Deductible Desired	Bill of Lading Legal Liability		\$		
	Errors & Omissions		\$		
	General Liability		\$		
You <b><i>MUST</i></b> attach the following to this application:		1)- Copy of your trading conditions and/or bills of lading for each section you noted on page one 2)- Most recent financial statement 3)- Copies of licenses held by your firm or individuals employed by your firm			
Your application <b><i>cannot</i></b> be processed <b><i>without ALL</i></b> of this information.					
I confirm that this form has been completed accurately and that all material information has been given. Completion of this form is not binding on either party.					
The applicant(s) declares and warrants that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance. Any insurance contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy. A signed application dated not more than 45 days prior to the inception date will be required in the event coverage is effected.					
Applicant's Signature					
Title				Date	
Co-Applicant					
Address					Agent <i>Mike Miller</i>

# ERRORS & OMISSIONS – BOL LIABILITY

**CARGO – BONDS – BOL LIABILITY / ERRORS & OMISSIONS  
CHARTERERS – HULL – P&I**



**www.allcovered.net**

*We have logistics allcovered*

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