



**FREIGHT FORWARDERS/CUSTOMS BROKERS
SUPPLEMENTAL APPLICATION**

1 APPLICANT INFORMATION

	Occupation	% of Gross income	Number of Transactions		Occupation	% of Gross income	Number of Transactions
<input type="checkbox"/>	Customs Broker	%		<input type="checkbox"/>	Warehousing	%	
<input type="checkbox"/>	Independent Ocean Freight Forwarder (FMC)	%		<input type="checkbox"/>	IATA Agent	%	
<input type="checkbox"/>	CAB Forwarder	%		<input type="checkbox"/>	Consolidation/Break-bulk Agent	%	
<input type="checkbox"/>	NVOCC	%		<input type="checkbox"/>	Property Broker	%	
<input type="checkbox"/>	Charter Agent/Broker	%		<input type="checkbox"/>	Cartage	%	
<input type="checkbox"/>	Steamship Agent	%		<input type="checkbox"/>	Other (please describe)	%	
<input type="checkbox"/>	Stevedore	%		<input type="checkbox"/>		%	

2 APPLICANT OPERATIONS

- a Is the applicant a member of (Check all that apply)**
- National Customs Brokers & Forwarders Association of America, Inc.
 - Local Brokers/Forwarder Association (please name) _____
 - Property Broker's Association of America, Inc.
 - International Association of NVOCCs
 - Other industry association (please name) _____
- b Does your firm use trading conditions to limit liability? Yes No**
- If yes, please attach a copy
- c Average value of shipments: \$ _____**

3 STAFF CLASSIFICATION

# of Working Partners, Principles, Directors		# of Warehousemen, Drivers, etc.	
# of Managers Entry/Export Clerks, etc.		No of Support Personnel (typists, acctg, etc.)	

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Name of Applicant

Title

Signature of Applicant.

Date