

OCEAN TRANSPORTATION INTERMEDIARY (OTI) NVOCC/FREIGHT FORWARDER BOND APPLICATION

GENERAL INFORMATION										
Full Legal Name:					DBA (if any):					
Contact Name/Title:					Email:					
Address:				City:		State:		Zip:		
Phone Number:			Fax Number:		Website:					
Years in Business:		<input type="checkbox"/> Corporation, State of:			<input type="checkbox"/> LLC		<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual	Other:
Federal Tax # or SS#:			Publicly held Corp: <input type="checkbox"/> Yes <input type="checkbox"/> No		License #		SCAC Code:			
List all operating branches: (use second page if necessary)										
Address:				City:		State:		Zip:		
Address:				City:		State:		Zip:		
Address:				City:		State:		Zip:		
NVOCC		<input type="checkbox"/> Yes <input type="checkbox"/> No		Bond Amount: \$		Effective Date:		Is a bond on file now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Freight Forwarder		<input type="checkbox"/> Yes <input type="checkbox"/> No		Bond Amount: \$		Effective Date:		Is a bond on file now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PR China Rider		<input type="checkbox"/> Yes <input type="checkbox"/> No		Bond Amount: \$		Effective Date:		Is a bond on file now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Insurance Information:										
Policy Type		Insurance Carrier				Limits		Renewal Date		
Errors & Omissions (E&O)						\$				
Cargo Legal Liability						\$				
General Liability						\$				
Marine Cargo Insurance						\$				
Other						\$				
Current Bond Information:										
Bond Type		Surety				Amount		Renewal Date		
US Customs Bond						\$				
OTI – NVOCC						\$				
OTI – Freight Forwarder						\$				
Other						\$				
Has the Principal or any partner or officer ever filed any form of bankruptcy?						<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, please explain below</i>		
Has any Surety ever paid a claim on your behalf?						<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, please explain below</i>		
Has the FMC ever investigated the Principal or any partner/for fraud or negligence?						<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, please explain below</i>		

PLEASE PROVIDE ONE FULL YEAR MOST RECENT COMPANY FINANCIAL STATEMENTS (Financials are used for Underwriting purposes only)

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

By signing below you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed and any additional requested items are received.

California Law requires us to notify you of the following: Any person, who with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud; criminal and civil penalties varying in degree by state.

Name: _____

Title: _____

Date: _____

Signature of Applicant: _____