

COMBINED TRANSIT LIABILITY (CTL) INSURANCE APPLICATION



Avalon Risk Management

Avalon is a preferred provider for NCBFAA, NAFTAZ, FIATA, and TIA Associations
 150 Northwest Point, 4th Floor, Elk Grove Village, IL 60007

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Please answer all questions completely and return along with your financial statement and two (2) copies of all transportation documents and/or contracts to your local Avalon office.



1) CORPORATE INFORMATION

Company Name:				
Street Address:				
City:		State/Province:		Zip:
County:		Country:		
Phone:	Ext:	Fax:		
Contact Name:		Title:		
E-mail:		Web site:		
Incorporation: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Partners		State of Inc.:		
FEIN# or SS#:		Date of Inc.:		
CHB License#:	OTI License#:	IATA License#:		
DOT Number:	MC Number:	FF Number:		

- Has applicant changed name, merged, or been acquired in the last 3 years? *If yes, please explain below.....* Yes No
- Does the company operate under any other names? *If yes, complete Named Insured Section* Yes No
- Do you have any additional U.S. office locations? *If yes, please attach complete list of locations.....* Yes No
- Do you have any additional international locations? *If yes, please attach list, including addresses.....* Yes No
- Are you aware of any pending claims or potential claims? *If yes, please explain below.....* Yes No
- Do you operate as importer of record? *If yes, how many transactions and what are approval procedures.....* Yes No
- Do you act as an FDA Resident Agent? *If yes, please advise procedures and attach agent contract.....* Yes No
- Do you have an ACE Account for PMS payments? *If yes, how many importers and what are payment terms.* Yes No

If yes to any of the above questions, please attach detailed list or explain below.

2) GENERAL INFORMATION

- Are you ISO 9000 or 9002 certified? Yes No
- Are you C-TPAT certified? *If yes, for what activities?.....* Yes No
- Do one or more of your employees have the designation of Certified Transportation Broker (CTB)? Yes No
- If yes, how many CTB employees do you have on staff and please attach certification.....*
- Do one or more of your employees have the designation of Customs Certified Specialist (CCS)? Yes No
- If yes, how many CCS employees do you have on staff and please attach certification.....*
- Do you issue any House Bills of Lading or Air Waybills? *If yes, please complete Cargo Legal Section... ..* Yes No
- Do you own, lease, or operate any warehouse locations? *If yes, please complete Warehouse Legal Section.* Yes No
- Do you own, lease, or operate any trucks or delivery vans? *If yes, please complete MTC Section.....* Yes No
- Do you hire outside trucking companies? *If yes, please complete Contingent Cargo & Auto Section.....* Yes No
- Do you handle or haul hazardous materials? *If yes, please complete HazMat Section* Yes No
- Do you require any state or federal filings (BMC 32, MTMC, etc.)? *If yes, please complete Filing Section.....* Yes No
- Do you carry General Liability Insurance? Yes No
- Do you carry an Export Package for International Liability Exposures? Yes No

3) CARGO INSURANCE

- Do you have an open cargo policy to insure your customer's shipments? Yes No
- If yes, what percentage of shipments do you insure?* _____%

Please indicate the commodities you insure frequently:

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4) EMPLOYEE & PAYROLL

Owners, Officers, & Executives:		Domestic Transactions Only:	
Technical & Professional Staff:		All Others (including part-time):	
Clerical & Administrative Staff:		Total Number of Employees:	
Annual Payroll for Trucking	\$	Annual Payroll for Warehousing:	\$
Annual Payroll for Clerical	\$	Total Annual Payroll:	\$

5) FINANCIAL – PLEASE ATTACH CURRENT FINANCIAL STATEMENT OR COMPLETE BELOW INFORMATION:

Input Your Fiscal Year _____ to _____	Gross Receipts (exclude only duty)	Net Receipts (exclude pass-thru charges)	Net Income/Profit (Profit After Expenses)	Net Worth (Equity)
Last Year (Actual):	\$	\$	\$	\$
Current Year (Estimate):	\$	\$	\$	\$
Next Year (Projected):	\$	\$	\$	\$
Foreign Revenues:	\$	\$	\$	\$

6) INSURED ACTIVITIES

Please check all activities that apply to your firm and indicate the percentage of revenue derived from each activity. *If an activity is checked, this does not mean the activity is insured. Please review your proposal and policy for coverage.*

<input type="checkbox"/> Customs Broker	%	<input type="checkbox"/> Ocean Freight Forwarder	%	<input type="checkbox"/> NVOCC (House B/L)	%
<input type="checkbox"/> Air Freight Forwarder	%	<input type="checkbox"/> Indirect Air Carrier (HAWB)	%	<input type="checkbox"/> Domestic Forwarder (AWB)	%
<input type="checkbox"/> Property Broker	%	<input type="checkbox"/> Releasing Agent	%	<input type="checkbox"/> Shipper's Agent	%
<input type="checkbox"/> Intrastate Trucker	%	<input type="checkbox"/> Interstate Trucker	%	<input type="checkbox"/> Chartering Air or Vessel	%
<input type="checkbox"/> Transit Warehousing	%	<input type="checkbox"/> Long Term Warehousing/Dist	%	<input type="checkbox"/> Other:	%
IF CHB, # of entries/year		# of FDA entries/year?		# of AD/CVD entries/year?	

7) TRAFFIC

Please enter the percentage of your traffic to/from or within each of the following areas.

Within USA/Canada	%	Western Europe	%	Australia/New Zealand	%
Mexico Land Transit	%	Eastern Europe (non CIS)	%	Middle East	%
Caribbean	%	Russia/CIS	%	India and Pakistan	%
Central America	%	Far East Asia	%	Africa	%
South America	%	Southeast Asia	%	Other:	%

8) FREIGHT

Please specify the percentage of freight you handle for the following commodities. *Certain commodities may be excluded and/or have limited coverage, please review your proposal and policy for coverage.*

Spirits	%	HHG/PE	%	Computers/Laptops	%
Cigarettes	%	Precious Jewelry/Stones	%	Cell Phones/PDAs	%
HazMat/Dangerous	%	Artwork/Fine Arts/Antiques	%	Consumer Electronics	%
Used Goods	%	Refrigerated Cargo	%	High Value Machinery	%
Project Cargo	%	Breakbulk Cargo or Flatbed	%	Tanker Cargo	%

What percentage of freight is containerized? %

Do you ship any of the above commodities under your bills of lading and/or provide storage?..... Yes No

If you ship Consumer Electronics, please list in detail (i.e., Computer Hardware, DVDs, PDAs, Plasma TVs, Stereos, etc.)

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9) SHIPMENT VOLUMES

Please provide the following information for the most current year:

	Number	Average Value
Approximate number of Export Shipments		\$
Approximate number of Hazardous Material Shipments		\$
Approximate number of Domestic Shipments to/from Mexico		\$

10) SUBCONTRACTORS

- Do you have specific contracts with your subcontractors? *If yes, please attach copies*..... Yes No
 Are subcontractors responsible and insured for loss or damage to cargo you subcontract to them? Yes No
 Are you named as additional insured on subcontractor's insurance? Yes No
 Do you require certificates annually from your subcontractors?..... Yes No

IF YES, select which lines of coverage and limits required.

Coverage Type	Limit			
<input type="checkbox"/> General Liability	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> Other:
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> \$ 750,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Other:
<input type="checkbox"/> Motor Truck Cargo	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> Warehouse Liability	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> Cargo Liability	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> E&O Insurance	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> Crime/Fidelity	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> Work Comp & Liab	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> Other:
<input type="checkbox"/> Excess Liability	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> Other:

- Do you check the FMCSA Web site to verify insurance on subcontractors? Yes No
 Do you check the Safer System on subcontractors to verify Safety History? Yes No
 Do you require the carriers you hire to maintain equal MTC limits to the value of the load?..... Yes No
 How many carriers do you currently work with? _____
 How many new carriers do you appoint each year? _____

Please explain below how you review new subcontractors and/or carriers you appoint?

Principal Carriers (specify below or attach list):

Principal Commodities (specify below or attach list):

Principal USA Routes (specify below or attach list):

If you handle domestic truck/rail shipments to/from Mexico, please provide further detail on these operations below.

Principal Shippers (specify below or attach list):

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11) PROFESSIONAL TRADING TERMS – PLEASE ATTACH TWO (2) COPIES OF ALL TRANSPORTATION DOCUMENTS

- a) Please indicate your membership in professional and trade associations (check all that apply):
 NCBFAA IATA TIA AFA/AEMCA FIATA NAFTAZ IWLA Other: _____
- b) Indicate terms of carriage and conditions of service you operate under (check all that apply); attach all B/Ls.
 COGSA - \$500/package Warsaw - \$20.00/kilo Warsaw - .50/lb. Agent - \$50/shipment
 Hague/Visby (2 SDRs) Montreal Protocol (17 SDRs) Carmack Amendment Warehouse - .50/lb.
 NCBFAA 2000 Version NCBFAA 2009 Version FIATA Conditions NCBFAA FDA Agent
 NITL Shipper Contract NITL Carrier Contract UIIA Interchange Other: _____
- c) If other conditions than above, please explain. Please also attach copies of any special contracts with customers.
Coverage is not afforded for special contracts unless provided to underwriters and specifically approved.

- d) How do you notify your customers of your terms of carriage and/or terms and conditions of service?
-

12) PRIOR COVERAGE

- a) Have you ever had any lapses in your E&O or Liability coverage? Yes No
- b) Has any other insurer cancelled or refused coverage in the last 3 – 5 years?..... Yes No
- If yes, please attach copy of cancellation notice, declination letter, or explain below.**

13) PREMIUM & LOSS HISTORY (ATTACH PRIOR DECLARATION PAGE AND HARD COPY LOSS RUNS)

Please list premium and loss history for **Errors & Omission** coverage over last 3 years:

Coverage	Insurer(s)	Year	Premium	Limit	Ded	Paid	#	Reserved	#	Total Claims
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
TOTAL			\$			\$		\$		\$

14) DESIRED COVERAGE, LIMITS, & DEDUCTIBLES

Please check the coverage, limits, and deductibles you desire. *If a coverage, limit, or deductible is checked, this does not mean coverage is granted. Please review your proposal and policy for coverage.*

<input type="checkbox"/> Errors & Omissions		<input type="checkbox"/> Prior Acts Coverage	
Limit	Deductible	Limit	Deductible
<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 5,000
<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$25,000		<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$	<input type="checkbox"/> \$	For how many years?	

- Do you want a claims-made or occurrence policy? Claims-Made Occurrence
- Do you want quote to include Worldwide Defense? Yes No
- Do you want quote to include First Dollar Defense? Yes No
- Do you want quote to include Ground Up Defense for below deductible claims?..... Yes No
- Do you want quote to include Regulatory Defense? Basic (FMC & CBP) Expanded (All OGAs and Export Violations)

Please specify any other coverage, limits, or deductibles you may desire (does not mean coverage is available):

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CARGO LEGAL LIABILITY

Do you issue a House Bill of Lading for ocean moves (NVOCC)? *If yes, complete Ocean Liability Section.* Yes No
 Do you issue an International House Air Waybill (HAWB)? *If yes, complete Air Liability Section.* Yes No
 Do you issue a Domestic Bill of Lading? *If yes, complete Domestic Liability Section.* Yes No

OCEAN LIABILITY (NVOCC CARGO LIABILITY WHEN ISSUING A HOUSE BILL OF LADING)

What percentage of your house bills of lading are issued:	Door/Door:	%	Port/Port:	%
What percentage of your cargo is:	FCL:	%	LCL:	%
Annual number of containers moved under House B/L:	# of TEUs:		# of FEUs:	

Do you consolidate your own cargo? Yes No
 Do you list the trans-shipment port on your bill of lading? Yes No

AIR LIABILITY (AIR CARGO LIABILITY WHEN ISSUING A HOUSE AIR WAYBILL)

What percentage of your house air waybills are issued:	Door/Door:	%	Port/Port:	%
Total kilos moved under your HAWB each year:	Total Kilos:		# Shipments:	

Do you consolidate your own ULDs? Yes No
 Do you ship perishables? Yes No

DOMESTIC LIABILITY (DOMESTIC CARGO LIABILITY WHEN ISSUING A DOMESTIC BILL OF LADING)

Pounds moved this year:		Annual Values Hauled	\$	Avg. Value/Load:	\$	
# of shipments this year:		% Insured All Risk:	%	Max. Value/Load:	\$	
Percent moved by Air:	%	Percent by Truck:	%	Percent by Rail:	%	
What percentage of your domestic business is:		LTL Freight:		%	FTL Freight:	%
What percentage is:	Local (50 miles):	%	Intermediate (200)	%	Long Haul (200+)	%

Specify your limitation of liability (i.e, \$50/shipment) and attach copy of your Domestic B/L or receipt. _____
 Do you offer declared value coverage? *If yes, what is maximum declared value limit?* \$ _____ Yes No

PRIOR COVERAGE

- a) Have you ever had any lapses in your Cargo Legal Liability coverage? Yes No
 b) Has any other insurer cancelled or refused coverage in the last 3 – 5 years? Yes No
If yes, please attach copy of cancellation notice, declination letter or explain below.

PREMIUM & LOSS HISTORY (ATTACH PRIOR DECLARATION PAGE AND HARD COPY LOSS RUNS)

Please list premium and loss history for all **Legal Liability** coverage over the last 3 years:

Coverage	Insurer(s)	Year	Premium	Limit	Ded	Paid	#	Reserved	#	Total
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
TOTAL			\$			\$		\$		\$

DESIRED COVERAGE, LIMITS & DEDUCTIBLES

Please check the coverage, limits and deductibles you desire. *If a coverage, limit or deductible is checked, this does not mean coverage is granted. Please review your proposal and policy for coverage.*

Cargo Legal Liability	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> Other: \$
Deductible:	<input type="checkbox"/> \$ 2,500	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000

Please specify any other coverage, limits, or deductibles you may desire (does not mean coverage is available):

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CONTINGENT CARGO LEGAL LIABILITY & CONTINGENT AUTO

Domestic Property Broker License#:		Is property broker incorporated under separate name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of pounds per year:		Annual Values Hauled	\$	Avg Value/Truck	\$
Number of shipments/year:		% insured all-risk	%	Max Value/Truck	\$
Percent by Domestic Air:	%	Percent by Truck:	%	Percent by Rail:	%
What percentage of your domestic business is:		LTL Freight:		%	FTL Freight:
What percentage is:	Local (50 miles):	%	Intermediate (200)	%	Long Haul (200+)

Specify your limitation of liability (i.e, \$50/shipment) and attach copy of your Property Broker terms..... \$_____

Do you agree to provide full value coverage?..... Yes No

If yes, what is maximum limit of coverage you provide? \$_____

Do you provide consolidation or warehousing services? Yes No

What is your annual cost of hire for truckers you contract to move loads or your inland freight receipts?..... \$_____

PRIOR COVERAGE

- a) Have you ever had any lapses in your Contingent Cargo and/or Contingent Auto coverage?..... Yes No
 - b) Has any other insurer cancelled or refused coverage in the last 3 – 5 years?..... Yes No
- If yes, please attach copy of cancellation notice, declination letter, or explain below.*

PREMIUM & LOSS HISTORY (ATTACH PRIOR DECLARATION PAGE AND HARD COPY LOSS RUNS)

a) Please list premium and loss history for **Contingent Cargo and/or Auto** claims over last 3 years:

Coverage	Insurer(s)	Year	Premium	Limit	Ded	Paid	#	Reserved	#	Total Claims
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
TOTAL			\$			\$		\$		\$

DESIRED COVERAGE, LIMITS, & DEDUCTIBLES

Please check the coverage, limits, and deductibles you desire. *If a coverage, limit or deductible is checked, this does not mean coverage is granted. Please review your proposal and policy for coverage.*

<input type="checkbox"/> Contingent Cargo		<input type="checkbox"/> Contingent Auto	
Limit	Deductible	Limit	Deductible
<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 2,500	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 2,500
<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 5,000
<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$ 500,000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$ 750,000	<input type="checkbox"/> \$15,000
	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$25,000

Do you want your quote to include reefer coverage? Yes No

Do you want your quote to include coverage for dishonest acts of carriers? Yes No

Please specify any other coverage, limits, or deductibles you may desire (does not mean coverage is available).

Please indicate any further comment about your property broker operation including any shipper and/or carrier contracts and/or contractual obligations you may have in place. Please note, contracts are not automatically covered by this policy and must be reviewed with underwriter and scheduled in policy to afford any coverage.

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WAREHOUSE LEGAL LIABILITY

Complete this page for "each" warehouse you operate (make additional copies if necessary).

Please also provide two (2) originals of your warehouse receipt and/or any special warehouse contracts you maintain.

WAREHOUSING (PLEASE INDICATE IF YOU PROVIDE ANY OF THE FOLLOWING SERVICES):

- | | |
|---|--|
| Consolidation/Deconsolidation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Pick and Pack Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In-Transit Warehousing? <input type="checkbox"/> Yes <input type="checkbox"/> No | Export Packing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Long Term Storage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Distribution Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurance for Long Term Storage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Refrigerated Storage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outside Storage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Storage Services? <input type="checkbox"/> Yes <input type="checkbox"/> No |
-
- | | |
|---|---|
| Do you issue a warehouse receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is your limitation? \$ _____ |
| Do you offer to provide full value coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, up to what limit? \$ _____ |
| Do you have or need property of others coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the limit? \$ _____ |
| Do you store hazardous materials or dangerous goods? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the cargo/class? _____ |

Physical Address & Contact:			
Warehouse Wall Construction:		Warehouse Roof Construction:	
Average Value in Warehouse:	\$	Maximum Value in Warehouse:	\$
Average Turnover Time in Warehouse:		Maximum Length of Storage:	
Average Package Count in		Maximum Package Count in Warehouse:	
Average Weight per Package:		Maximum Weight per Package:	
Office Square Footage:		Warehouse Square Footage:	
Warehouse Receipts:	\$	Warehouse Payroll:	\$

Commodities stored:

--

Describe occupancy and storage facilities (other tenants in building, surrounding neighborhood, etc.):

--

Describe fire and security protection (fire alarms, cameras, motion detectors, watch guards, etc.):

--

- Do you own or lease this warehouse space?..... Own Lease
- Does the warehouse have a Central Sprinkler System?.... Yes No Central Alarm System?..... Yes No
- Is the warehouse more than 20 years of age?..... Yes No
- Any mobile equipment?..... Yes No If yes, what is the total value for all mobile equipment? \$ _____

PREMIUM & LOSS HISTORY FOR WAREHOUSE COVERAGE LAST 3 YEARS (ATTACH DEC PAGE AND LOSS RUNS)

a) Please list premium and loss history for all **Warehouse Legal Liability** coverage over the last 3 years:

Coverage	Insurer(s)	Year	Premium	Limit	Ded	Paid	#	Reserved	#	Total Claims
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
TOTAL			\$			\$		\$		\$

b) Has any other insurer cancelled or refused coverage in the last 3 to 5 years? Yes No *If yes, please attach notice.*

DESIRED LIMITS & DEDUCTIBLES FOR WAREHOUSE LEGAL LIABILITY COVERAGE

Please check the coverage, limits, and deductibles you desire. *If a coverage, limit or deductible is checked, this does not mean coverage is granted. Please review your proposal and policy for coverage.*

Warehouse Limit:	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: \$
Deductible:	<input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$ 10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000

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MOTOR TRUCK CARGO LEGAL LIABILITY

DOT#:		FMCSA Motor Carrier Number:			Base State:	
Carrier:	<input type="checkbox"/> Contract	%	<input type="checkbox"/> Common	%	<input type="checkbox"/> Private	%
Radius:	Local (50 miles)	%	Intermediate	%	Long Haul (200+):	%
Per Vehicle:	\$	Deductible:	\$	Reefer Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Per Disaster:	\$	Deductible:	\$	Special Limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you consolidate your own trailers? Yes No
 Do you provide delivery services for other forwarders? Yes No
 Do you have authority to haul hazardous materials? *If yes, please complete Haz Mat Section*..... Yes No
 Do you issue a truck receipt to limit your liability? Yes No

If yes, please attach Truck Bill of Lading and advise the limitation of liability do you offer?

Full Value? Yes No Maximum Value: \$ _____
Declared Value? Yes No Maximum Value: \$ _____
Released Value? Yes No What is the value per pound you offer? \$_____/pound

Type of Equipment	Company Owned	Leased	Total Number
Cargo Vans			
Straight Trucks			
Trucks/Tractors			
Refrigeration Trailers			
Flatbed or Tanker			
Other:			

Are vehicles equipped with alarm systems? Yes No
 Are vehicles left loaded overnight? *If yes, please explain how protected or secured*..... Yes No
 Does insured pull double or triple trailers? Yes No
 Does applicant obtain MVR verification for all drivers? Yes No
 Do drivers receive regular physicals? Yes No
 Does applicant have driver-recruiting methods? *If yes, please attach driver qualification standards*..... Yes No
 Does applicant do drug testing of drivers? Yes No
 Is there a formal safety and/or loss prevention program in place? *If yes, please attach safety manual*..... Yes No
 Are driver training/safety meetings conducted? *If yes, how often?* Yes No
 Are overage, shortage, and damage claims pending? *If yes, please provide claim and payment details* Yes No

Commodity Description	Avg. Value/Load	Max Value/Load	% of Revenue
	\$	\$	%
	\$	\$	%
	\$	\$	%

PREMIUM & LOSS HISTORY FOR MTC COVERAGE OVER LAST 3 YEARS (ATTACH DEC PAGE AND LOSS RUNS)

Coverage	Insurer(s)	Year	Premium	Limit	Ded	Paid	#	Reserved	#	Total
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
TOTAL			\$			\$		\$		\$

Has any other insurer cancelled or refused coverage in the last 3 – 5 years? Yes No If yes, please attach notice.

DESIRED LIMITS & DEDUCTIBLES FOR MTC COVERAGE

Please check the coverage, limits, and deductibles you desire. *If a coverage, limit or deductible is checked, this does not mean coverage is granted. Please review your proposal and policy for coverage.*

MTC Limit:	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> Other: \$
Deductible:	<input type="checkbox"/> \$ 2,500	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000

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FILINGS AND HAZMAT INFORMATION

SECTION A - GENERAL INFORMATION

Explain all Yes responses in Remarks Section.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does your authority allow transportation of hazardous materials? <i>If yes, complete Haz Mat Section.....</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have any equipment operating under your authority that is not scheduled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you operate as a subsidiary of any other company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have subsidiaries operating for you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you purchased, or applied, for additional authority in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you sold any authority in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever lost or had authority withdrawn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you currently, or have you ever been, under probation by any regulatory authority? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION B - FEDERAL FILING INFORMATION

If you have, or are applying for FHWA authority and require that a filing be made on your behalf, please complete this section. Information must appear exactly as you filed it on your application for authority.

1. FHWA Docket #: **MC#:** _____ **FF#:** _____
2. Name as filed: _____
3. Address as filed: _____

City, State, Zip code
4. To comply with single-state registration, what state have you chosen for your **BASE STATE***: ____
 * AZ, DE, FL, MD, NJ, NV, OR, PA, VT and WY are NOT valid base states.

SECTION C – MTMC FILING INFORMATION

If you have, or are applying for MTMC authority and require that a filing be made on your behalf, please complete this section. Information must appear exactly as you filed it on your application for authority.

1. MTMC #: **SCAC** _____ **FEIN #** _____ **State of Incorporation:** ____
2. Name as filed: _____
3. Address as filed: _____

City, State, Zip code
4. Check All that apply Domestic International

SECTION D – HAZ MAT INFORMATION - This section must be completed if you are hauling hazardous materials or have authority to haul hazardous materials. If you have the authority to haul hazardous materials, please attach a copy of your haz mat authority to this application.

COMMODITY DETAILS - Commodity Identification can be found on the bill of lading or manifest. the identification begins with the letters UN or NA.

Hazardous Commodity	Hazard/Class/ Division	ID Number (as noted on B/L)	% of Commodities Hauled	Full (F) or Partial (P)	If "P" show maximum %	How is Commodity Packaged and Shipped
1)						
2)						
3)						
4)						

2. What is the **principle route** traveled when hauling each hazardous material?
- 1) _____ to _____ 3) _____ to _____ 5) _____ to _____
 2) _____ to _____ 4) _____ to _____ 6) _____ to _____

SECTION E – REMARK INFORMATION

If yes to any of the above questions, please explain below or attach details.

COMBINED TRANSIT LIABILITY (CTL) INSURANCE APPLICATION

NAMED INSURED SUPPLEMENT

Please complete the following information for each named insured to be covered by this policy or attach a complete list.
In order for a subsidiary to be covered by this policy, there must be more than 50 percent common ownership.
Please make additional copies if necessary for all named insureds.

Named Insured:		
Corporate Address:		
Phone:	Fax:	Web site:
Contact/Title:		E-mail:
Date Established/Acquired:	Ownership Percentage:	%
FEIN or SS:	Additional License #:	
Scope of Operations:	% of Total Revenue:	%

Named Insured:		
Corporate Address:		
Phone:	Fax:	Web site:
Contact/Title:		E-mail:
Date Established/Acquired:	Ownership Percentage:	%
FEIN or SS:	Additional License #:	
Scope of Operations:	% of Total Revenue:	%

Named Insured:		
Corporate Address:		
Phone:	Fax:	Web site:
Contact/Title:		E-mail:
Date Established/Acquired:	Ownership Percentage:	%
FEIN or SS:	Additional License #:	
Scope of Operations:	% of Total Revenue:	%

Named Insured:		
Corporate Address:		
Phone:	Fax:	Web site:
Contact/Title:		E-mail:
Date Established/Acquired:	Ownership Percentage:	%
FEIN or SS:	Additional License #:	
Scope of Operations:	% of Total Revenue:	%

COMBINED TRANSIT LIABILITY (CTL) INSURANCE APPLICATION

REGULATORY DEFENSE COVERAGE

Are you interested in defense coverage for fines/penalties assessed against you by CBP or FMC?..... Yes No
 Are you interested in defense coverage for fines/penalties assessed by Other Government Agencies?
 Including Export Violations, such as BIS, EAR, Haz Mat, etc.?..... Yes No

1. Has any government or regulatory agency imposed claims, fines, or penalties of any kind against your company and/or employees within the last 5 years? Yes No ***If yes, attach details of all fines or penalties.***

2. Have you been audited by any government or regulatory agency in the last 5 years?..... Yes No
If yes, attach details for all audits and the outcome or recommendations.

GROUND UP DEFENSE COVERAGE

Do you want to include defense coverage for lawsuits below your policy deductible? Yes No
If yes, please advise how many below deductible lawsuits have been filed against you in the last 3 years and explain the details of each claim and the final outcome.

THIRD PARTY LIABILITY (OUTSIDE THE USA)

Do you want to include coverage for Third Party Liability coverage for claims filed outside the USA? Yes No
If yes, please advise how many Third Party Liability claims have been filed against you in the last 3 years and explain the details of each claim and the final outcome.

APPLICATION WARRANTY & DISCLOSURE

This application does not bind the Company or Applicant, nor does it obligate the Company to insure Applicant's services or issue a policy. If a policy is issued, the Company may cancel such policy upon discovery of fraudulent statements, omissions, or concealments of the facts material to the acceptance by the Company. The Applicant also warrants that such statements and responses are true, contain no misrepresentation. If the information that is supplied on this application or attachments changes between the date of the application and the inception date of this policy, the Applicant will immediately notify the Company of such changes. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. In some states, such person may be subject to a civil penalty not to exceed five thousand dollars (\$5,000.00) and the stated value of the claim for each violation.

AVALON PRIVACY POLICY

We may disclose the following kinds of nonpublic personal information about your firm: Information we receive from your firm on applications or other forms, such as your name, address, tax ID number, income; Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history; and Information we receive from a consumer reporting agency, such as your creditworthiness and credit history. We do not currently, nor do we have any future plans to, disclose your nonpublic information to any parties other than those required to secure your insurance quotations. If your firm prefers that we not disclose nonpublic information about your firm to nonaffiliated third parties, your firm may direct us not to make those disclosures. If your firm wishes to opt out of disclosures to nonaffiliated third parties, please call our Marketing Department at 847-700-8151.

Signature	Title
Printed Name	Date

(This application must be signed and dated by an officer, managing director, partner, or owner of the company applying for coverage.)

Please return to your local Avalon office