

# REGULATORY DEFENSE CONTRACT

## Avalon Risk Management

*Avalon is a preferred provider for NCBFAA, NAFTAZ, FIATA, and TIA Associations*  
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Please answer all questions completely and return to your local Avalon office.

### 1) CORPORATE INFORMATION

Company Name:				
Street Address:				
City:		State/Province:		Zip:
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.:	

### 2) REGULATORY DEFENSE COVERAGE

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.*

### 3) 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):	\$	\$	\$	\$
Foreign Revenues:	\$	\$	\$	\$

### 4) BUSINESS ACTIVITIES

Please check all activities that apply to your firm.

<input type="checkbox"/> Customs Broker	<input type="checkbox"/> Importer	<input type="checkbox"/> NVOCC (House B/L)	<input type="checkbox"/> Property Broker	<input type="checkbox"/> FTZ Operator
<input type="checkbox"/> Ocean Freight Forwarder	<input type="checkbox"/> Exporter	<input type="checkbox"/> Indirect Air Carrier (HAWB)	<input type="checkbox"/> Warehouse Operator	<input type="checkbox"/> Subzone
<input type="checkbox"/> Air Freight Forwarder	<input type="checkbox"/> Trucker/Courier	<input type="checkbox"/> Domestic F/F (House B/L)	<input type="checkbox"/> Other:	

### 5) IMPORTS

PRODUCT(S):	ANNUAL VALUES:	ANNUAL DUTY:
NUMBER OF ENTRIES:	CHB FOR IMPORTS:	QUOTA: <input type="checkbox"/> YES <input type="checkbox"/> NO
ANTI-DUMPING: <input type="checkbox"/> YES <input type="checkbox"/> NO	TEXTILES: <input type="checkbox"/> YES <input type="checkbox"/> NO	COUNTERVAILING DUTY: <input type="checkbox"/> YES <input type="checkbox"/> NO

### 6) EXPORTS

PRODUCT(S):	ANNUAL VALUES:	FREIGHT FORWARDER FOR EXPORTS:		
PLEASE LIST ALL AGENCIES INVOLVED IN YOUR SHIPMENTS:				
% OF TRAFFIC:	MEXICO	MIDDLE EAST	EUROPE	AFRICA
INDIA/PAKISTAN	CARIBBEAN	CENTRAL AMERICA	CIS/RUSSIA	CHINA
SOUTH EAST ASIA	FAR EAST (EXCL. CHINA)	AUSTRALIA OR NEW ZEALAND		

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## **WARRANTY & DISCLOSURE**

The completion of this document is for informational purposes only and does not obligate the Company to insure Applicant's services and/or contract of defense. If a regulatory defense contract is issued, the Company may cancel 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 and contain no misrepresentation. If the information that is supplied or attached changes between the below date and the inception date of this contract, you will immediately notify the Company of such changes.

## **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.

<b>Signature</b>	<b>Title</b>
<b>Printed Name</b>	<b>Date</b>

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