



Avalon Risk Management
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COMBINED TRANSIT LIABILITY APPLICATION

Completed applications must be signed by a corporate officer and returned to your local Avalon office.

Please note the following important and required information for your application to be processed:

1. Complete all fields as noted below, including additional questions for coverage options selected. Sign and date where required.
2. Current financial statements (including a balance sheet, income statement and accountant's notes). Unaudited statements must bear the signature of the proprietor, partner or corporate officer.
3. Provide a copy of all transportation documents, contracts and a document outlining your motor carrier selection process.
4. Include loss runs for your current Professional Liability **policy**.
5. If your company is a new business, please include a copy of your work history.

CORPORATE INFORMATION

Company Name (including any DBA/Trade Names): _____
 Address: _____
 City: _____ State: _____ ZIP/Postal Code: _____ Country: _____
 Phone: _____ Email: _____ Website: _____
 Contact Name: _____ Title: _____
 Date company was established: _____ If less than 5 years ago, note years in industry for senior officer: _____
 FEIN or SS#: _____ CHB License #: _____ OTI License #: _____
 IATA License #: _____ MC #: _____ DOT #: _____ FF #: _____
 Do you have additional locations? Yes No **If yes, please attach list of all offices with contact information* Number of offices: _____
 Are you aware of any claims or pending claims against you? Yes No **If yes, please attach separate sheet with explanation.*
 How many below deductible claims have you received in the past year? _____
 Have you paid any extra expenses within the last three years related to abandoned cargo ? Yes No **If yes, please explain.*
 Are you a member of any of the following associations: NCBFAA TIA FIATA NAFTAZ Other: _____
 Are any employees TIA CTB designated? Yes No Are any employees NCBFAA CES/CCS designated? Yes No
 Do you require any state or federal filings (BMC-32 for household goods, SDDC)? Yes No SCAC:

ACTIVITY	Actual for Prior 12 Months		Estimated for Next 12 Months	
	Gross Receipts (exclude only duty)	Net Receipts (exclude pass-thru charges)	Gross Receipts (exclude only duty)	Net Receipts (exclude pass-thru charges)
Air Freight Forwarding				
Indirect Air Carrier (Issue HAWB)				
Ocean Freight Forwarding				
NVOCC (Issue House B/L)				
Customs Brokerage				
Freight Broker				
Motor Carrier				
Warehouse Operator				
Domestic Forwarder (Issue B/L)				
Releasing Agent				
Total - Gross vs. Net				

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Within USA/Canada _____% | <input type="checkbox"/> Western Europe _____% | <input type="checkbox"/> Australia/New Zealand _____% |
| <input type="checkbox"/> Mexico Land Transit _____% | <input type="checkbox"/> Eastern Europe (non CIS) _____% | <input type="checkbox"/> Middle East _____% |
| <input type="checkbox"/> Caribbean _____% | <input type="checkbox"/> Russia/CIS _____% | <input type="checkbox"/> India and Pakistan _____% |
| <input type="checkbox"/> Central America _____% | <input type="checkbox"/> Far East Asia _____% | <input type="checkbox"/> Africa _____% |
| <input type="checkbox"/> South America _____% | <input type="checkbox"/> Southeast Asia _____% | <input type="checkbox"/> Other: _____% |

INSURANCE INFORMATION

Coverage Limits & Deductibles Check the coverage, limits, and deductibles you desire. If a coverage, limit, or deductible is checked, this does not mean coverage is granted. Review your proposal and policy for coverage.

Coverage	Limit	Deductible
<input type="checkbox"/> Errors & Omissions	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$ <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$ <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
<input type="checkbox"/> Prior Acts for Errors & Omissions	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 How many years?
Would you also like a quote for First Dollar Defense? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Cargo Legal Liability	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$ <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$
<input type="checkbox"/> Declared Values Coverage	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$ <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$
<input type="checkbox"/> Motor Truck Cargo Legal Liability	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$ <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$
Would you also like a quote for Refrigerated Motor Truck Cargo Legal Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Warehouse Legal Liability	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$ <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$
<input type="checkbox"/> Contingent Cargo Liability	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$
Would you also like a quote for Refrigerated Contingent Motor Truck Cargo Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you also like a quote for Dishonest Acts of Carriers for Hire Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you also like a quote for Dishonest Acts of Third Parties Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you also like a quote for Shield coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Contingent Auto	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$
<input type="checkbox"/> Third Party Legal Liability	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$
FDA U.S. Registered Agent Liability I am interested in a quotation for insuring liability for re-inspection costs of foreign food facilities for which we act a U.S. registered agent. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please note that you must provide a listing of all foreign food facilities for which you act as agent on the Avalon supplemental short application form.</i>		

LOSS HISTORY

Prior Coverage Please attach loss runs from your current carrier

Have you ever had any lapses in your coverage? Yes No

Has any other insurer cancelled or refused coverage in the last 3 – 5 years? Yes No

Please list premium and loss history for claims over last 3 years:

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

TERMS AND CONDITIONS OF SERVICE

In addition to providing a copy of any bills of lading and/or transportation documents, please indicate your terms of carriage and the conditions of service you operate under:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> COGSA - \$500/package | <input type="checkbox"/> Warsaw - \$20.00/kilo | <input type="checkbox"/> Warsaw - \$0.50/lb. | <input type="checkbox"/> Agent - \$50/shipment |
| <input type="checkbox"/> Hague-Visby (2 SDRs) | <input type="checkbox"/> Montreal Convention (19 SDRs) | <input type="checkbox"/> Carmack Amendment | <input type="checkbox"/> Warehouse - \$0.50/lb. |
| <input type="checkbox"/> NCBFAA T&C of Service | <input type="checkbox"/> NCBFAA FDA Agent | <input type="checkbox"/> TIA Model Contracts | <input type="checkbox"/> FIATA Conditions |
| <input type="checkbox"/> NITL Shipper Contract | <input type="checkbox"/> NITL Carrier Contract | <input type="checkbox"/> UIIA Interchange | <input type="checkbox"/> Other: _____ |

Cargo and Contingent Cargo Liability

If you are interested in Cargo or Contingent Cargo Liability coverage, please complete this section. If not, you may leave this section blank.

INTERNATIONAL TRAFFIC		
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: _____
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: _____	# of shipments: _____

International 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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Spirits (exclude beer & wine) _____% | <input type="checkbox"/> HHG/PE _____% | <input type="checkbox"/> Computers/Laptops/Tablets _____% |
| <input type="checkbox"/> Tobacco Products _____% | <input type="checkbox"/> Precious Jewelry/Stones _____% | <input type="checkbox"/> Cell Phones/Consumer Electronics _____% |
| <input type="checkbox"/> Hazmat/Dangerous _____% | <input type="checkbox"/> Artwork/Fine Arts/Antiques _____% | <input type="checkbox"/> High Value Machinery _____% |
| <input type="checkbox"/> Used Goods _____% | <input type="checkbox"/> Refrigerated Cargo _____% | <input type="checkbox"/> Autos/Parts _____% |
| <input type="checkbox"/> Project Cargo _____% | <input type="checkbox"/> Food/Drink _____% | <input type="checkbox"/> Tanker Cargo _____% |
| <input type="checkbox"/> Copper/Metals _____% | <input type="checkbox"/> Clothing _____% | <input type="checkbox"/> Breakbulk Cargo or Flatbed _____% |

Freight (Other): _____

DOMESTIC TRAFFIC			
Domestic Freight Forwarder/Carrier (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 business is:	FTL Freight:	LTL Freight:	
What percentage is:	Local (50 miles): _____ %	Intermediate (51-200): _____ %	Long-Haul (200+): _____ %
Domestic Freight Broker (Contingent Cargo Liability)			
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 business is:	FTL Freight:	LTL Freight:	
What percentage is:	Local (50 miles): _____ %	Intermediate (51-200): _____ %	Long-Haul (200+): _____ %
Traffic Within USA. Please check all areas of your traffic and enter the percentage of your traffic to/from or within each of the following			
<input type="checkbox"/> California _____%	<input type="checkbox"/> Texas _____%	<input type="checkbox"/> Illinois _____%	
<input type="checkbox"/> Florida _____%	<input type="checkbox"/> Georgia _____%	<input type="checkbox"/> New Jersey _____%	

Domestic 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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Spirits (exclude beer & wine) _____% | <input type="checkbox"/> HHG/PE _____% | <input type="checkbox"/> Computers/Laptops/Tablets _____% |
| <input type="checkbox"/> Tobacco Products _____% | <input type="checkbox"/> Precious Jewelry/Stones _____% | <input type="checkbox"/> Cell Phones/Consumer Electronics _____% |
| <input type="checkbox"/> Hazmat/Dangerous _____% | <input type="checkbox"/> Artwork/Fine Arts/Antiques _____% | <input type="checkbox"/> High Value Machinery _____% |
| <input type="checkbox"/> Used Goods _____% | <input type="checkbox"/> Refrigerated Cargo _____% | <input type="checkbox"/> Autos/Parts _____% |
| <input type="checkbox"/> Project Cargo _____% | <input type="checkbox"/> Food/Drink _____% | <input type="checkbox"/> Tanker Cargo _____% |
| <input type="checkbox"/> Copper/Metals _____% | <input type="checkbox"/> Clothing _____% | <input type="checkbox"/> Breakbulk Cargo or Flatbed _____% |

Freight (Other): _____

SUPPLEMENTAL FREIGHT BROKER INFORMATION

How many carriers do you currently work with? _____ How many new carriers do you appoint each year? _____

If you arrange for domestic transit, do you check the FMCSA website as part of your carrier selection process? Yes No N/A

Do you require the domestic carriers you hire to maintain MTC Insurance limits equal to the value of each shipment? Yes No N/A

Do you require motor carriers you hire to maintain MTC Insurance without exclusion for unattended vehicles? Yes No

If you arrange for the transportation of refrigerated freight, do you require motor carrier transporting refrigerated freight to maintain refrigerated breakdown insurance? Yes No

Do you use load boards? Yes No

If yes, approximately what percentage of total shipments per year do you post to load boards? _____

Is the property broker entity affiliated with a trucking company? Yes No

If so, are the trucking company and property broker company separate legal entities? Yes No

Do you co-broker? Yes No N/A

If yes, approximately what percentage of total shipments per year do you co-broker? _____

If yes, do you have broker qualification procedures in place? Yes No *(Please attach a copy of your broker qualification procedures)*

If yes, do you require the broker to maintain Contingent Cargo Insurance equal to the value of each shipment? Yes No

If yes, do you require the broker to maintain Errors and Omissions Insurance? Yes No Minimum Limit? _____

If yes, do you require the broker to sign a co-broker agreement? Yes No *(Please attach a copy of your co-broker agreement)*

MOTOR TRUCK CARGO (MTC) LEGAL LIABILITY

If you are interested in Motor Truck Cargo Legal Liability coverage, please complete this section. If not, you may leave this section blank. You must also include the year, make, model and VIN for all vehicles on a separate sheet.

Type of Equipment	Number of Vehicles	Freight Radius
Cargo Vans (under 10,000 GVW)		
Straight Trucks (under 25,000 GVW)		
Trucks/Tractors (over 25,000 GVW)		
Refrigeration Trailers		
Flatbed (MAF or GNR)		
Tank Trailer		

WAREHOUSE LEGAL LIABILITY

If you are interested in Warehouse Legal Liability coverage, please complete this section. Complete this section for each warehouse you operate (make additional copies if necessary). If not, you may leave this section blank.

Physical Address: _____

City: _____ State: _____ ZIP/Postal Code: _____ Country: _____

Warehouse Wall Construction: _____ Warehouse Roof Construction: _____ Warehouse Sq Footage: _____

Average Value in Warehouse: _____ Maximum Value in Warehouse: _____

Average Weight (lbs.) in Warehouse: _____ Maximum Weight (lbs.) in Warehouse: _____

Average Turnover Time in Warehouse: _____ Maximum Length of Storage: _____

Average Package Count: _____ Maximum Package Count in Warehouse: _____

Average Weight (lbs.) Per Package: _____ Maximum Weight (lbs.) Per Package: _____

Commodities Stored: _____

Describe Fire/Security Protection: _____

Does the warehouse have a Central Sprinkler System? Yes No Central Alarm System? Yes No

Is there a warehouse receipt? Yes No

If yes, what is the limit of liability? _____

ADDITIONAL INFORMATION

APPLICATION WARRANTY, DISCLOSURE AND PRIVACY POLICY

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 847-700-8100.

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

Signature:	
Printed Name:	
Title:	
Date:	