

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:

- Complete all fields as noted below, including additional questions for coverage options selected. Sign and date where required.

CORPORATE INFORMATION

Policy Number:		Exp. Date:	
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Company Name (including any DBA/Trade Names): _____

Do you have any new 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.*

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: _____

Are there any changes that need to be made to your policy? Yes No

If yes, please list: _____

Are there any changes in your company from the past year (owners, addresses, etc.)? Yes No

If yes, please list: _____

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: _____% |

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): _____

INSURANCE INFORMATION

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 PROPERTY 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? _____

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

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

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

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

MOTOR TRUCK CARGO (MTC) LEGAL LIABILITY

Motor Truck Cargo Legal Liability.
Please complete all applicable sections.
You must 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

Warehouse Legal Liability.
Complete this section for each warehouse you operate (make additional copies if necessary).

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? _____

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:	