

CargoCover Insurance Package Application

For Forwarders, Carriers, NVOCCs, 3PLs, Load and Customs Brokers

(Please attach extra pages if necessary)

GENERAL INFORMATION

Company Name		D\B\A (Doing Business As)	
Address (No. and Street)		City	Province Postal Code
Contact Name		Position/Title	
Telephone:	Fax:	Mobile:	e-mail: Website:

BUSINESS OPERATIONS

Briefly describe the Nature of your Business		Number of Years in Business
Are you a member of any Trade association: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, are you a member of <input type="checkbox"/> CIFFA <input type="checkbox"/> Other; please describe:		
Please advise the number of staff employed broken down into the following categories:		
Director/ Senior Management:	Senior Technical:	Clerical/Secretarial:
Warehousemen:	Operational:	Bonded Employees:
Drivers:	Other (describe):	
Radius of Operation:		
Local (1 to 100 miles):	%	Intermediate (101-500 Miles): % Long Haul (500+ Miles): %
Do you use Sub-Contractors <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you know the number of sub-contractors you use:	Do you have a process to obtain Certificates of Insurance from all Sub-Contracted Carriers <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ensure that all Sub-contracted carriers have a minimum of \$2 Million in Auto Liability for Third Party Bodily Injury / Death <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you ensure that all sub-contracted carriers have cargo liability insurance equivalent to the value of the goods <input type="checkbox"/> Yes <input type="checkbox"/> No	

GROSS RECEIPTS

Please provide Gross Freight Receipts as follows:

Gross Freight Receipts means the total amount of receipts to which the Insured is entitled for the services to which the policy applies before deduction of amounts paid or payable to subcontractors, but excluding customs duty, sales tax or similar charges paid on behalf of the customers.

Upcoming Year:		Current Year:		Prior Year:	
Upcoming Dollar amount (CAD): \$		Current Dollar amount (CAD): \$		Prior Dollar amount (CAD): \$	
Forwarding / Load Broker	Warehousing	Forwarding / Load Broker	Warehousing	Forwarding / Load Broker	Warehousing
\$ CAD	\$ CAD	\$ CAD	\$ CAD	\$ CAD	\$ CAD

FREIGHT FORWARDS' LEGAL LIABILITY AND ERRORS AND OMISSIONS COVERAGE

Operations for which you require insurance (check as appropriate):

☐ Freight Forwarder ☐ NVOCC ☐ Ship Agent ☐ Customs Broker ☐ Terminal Operator ☐ Warehousekeeper ☐ Load Broker

Coverage	Limit of Liability	Deductible	Coverage	Limit of Liability	Deductible
Cargo Liability	\$	\$	Errors and Omissions	\$	\$
Please describe the main areas of your business and trading conditions			% of operation	Conditions	Attached
Freight Forwarder <input type="checkbox"/> As Agent			%		<input type="checkbox"/>
<input type="checkbox"/> As Principal			%		<input type="checkbox"/>
NVOCC			%		<input type="checkbox"/>
Ship Agent			%		<input type="checkbox"/>
Customs Broker			%		<input type="checkbox"/>
Terminal Operator			%		<input type="checkbox"/>
Warehousekeeper <input type="checkbox"/> Owned			%		<input type="checkbox"/>
<input type="checkbox"/> Sub-contracted			%		<input type="checkbox"/>
Load Broker			%		<input type="checkbox"/>
Other, please describe			%		<input type="checkbox"/>

NOTE: Please attach a sample Contract/Trading Conditions for each of the above applicable operations, unless they are standard forms, such as FIATA Bill of Lading (ocean), CIFFA Standard Trading Conditions, CSCB Standard Trading Conditions, Uniform Truck Bill, etc.

WAREHOUSEMAN'S LIABILITY COVERAGE

How much of your revenues is based on the following:	Cross Docking: %	Long Term Storage: %
Is property stored on shelves, pallets or other method? (Please describe):		Operating hours?

Please provide details of off hours security, eg. watchman/security patrol:

Percentages of goods or commodities currently stored? Check all that apply

<input type="checkbox"/> Canned Foods %	<input type="checkbox"/> Refrigerated Goods (describe): %
<input type="checkbox"/> Other Foodstuffs %	<input type="checkbox"/> Radio/TV/Electronic Equipment %
<input type="checkbox"/> Furniture %	<input type="checkbox"/> Liquor/Wines/Spirits %
<input type="checkbox"/> Home Appliances (other than TV/Radio Equipment) %	<input type="checkbox"/> Tobacco Products %
<input type="checkbox"/> Cloth Products %	<input type="checkbox"/> Tires %
<input type="checkbox"/> Paper Products %	<input type="checkbox"/> Hazardous Goods %
<input type="checkbox"/> Industrial Chemicals %	<input type="checkbox"/> Other (describe): %

What is the rate of turnover of commodities stored?	Average Value at any one time:	Maximum Value at any one time:
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually	\$ CAD	\$ CAD

Do you own or operate any of the following:

<input type="checkbox"/> Fork Lifts	<input type="checkbox"/> Cranes	<input type="checkbox"/> Stevedores	<input type="checkbox"/> Containers
<input type="checkbox"/> Truck/Vans	<input type="checkbox"/> Tractors	<input type="checkbox"/> Trailers	<input type="checkbox"/> Rail Wagons
<input type="checkbox"/> Warehouses	<input type="checkbox"/> Depots	<input type="checkbox"/> Ports	<input type="checkbox"/> Other:

Please attach a complete copy of the warehouse receipt(s). List any commodities stored under special agreements and attach copies of said agreement

COMMODITIES			
Average # of shipment to be insured <input type="checkbox"/> per month <input type="checkbox"/> per year	Estimated Insurable Volume: \$ CAD	Average Insured Shipment Value \$ CAD	Maximum Insured Shipment Value: \$ CAD
Shipment Mode	Shipment Type:	Domestic Transit:	Shipment Method:
Air %	Domestic %	Truck %	Containerized – FCL/FTL %
Ocean %	Imports %	Rail %	Containerized – LCL/LTL %
Inland %	Exports %	Courier %	Non-containerized %
			Ro-Ro %
			Open Top/Flat Deck %
			Other: %

Type of product shipped and the percentage of your traffic for the following commodities? Check all that apply

<input type="checkbox"/> New General Merchandise %	<input type="checkbox"/> Used General Merchandise %
<input type="checkbox"/> Non-Perishable Goods %	<input type="checkbox"/> Commercial Automobiles %
<input type="checkbox"/> Perishable Goods %	<input type="checkbox"/> Fragile Goods %
<input type="checkbox"/> Refrigerated and/or Temperature Controlled Cargo %	<input type="checkbox"/> Laptop, Mobile phones and PDAs %
<input type="checkbox"/> Clothing and Footwear %	<input type="checkbox"/> Household Goods/Personal Effects %
<input type="checkbox"/> Radioactive, Hazardous, Restricted, Controlled Items %	<input type="checkbox"/> Firearms, Ammunition and Explosives %
<input type="checkbox"/> Alcohol, Spirits, Liquor and Tobacco Products %	<input type="checkbox"/> Bullion, Precious Metal and Negotiable Documents %
<input type="checkbox"/> Antiques, Artwork and Collectibles %	<input type="checkbox"/> Live Animals & Trees %
<input type="checkbox"/> Jewelry, Watches, Precious Stones and Metals %	<input type="checkbox"/> Fur & Skins %
<input type="checkbox"/> Bulk Cargo: Describe %	<input type="checkbox"/> Other: Describe %

Please advise the percentage of your traffic to/from or within the following geographic areas

Country	Total Percentage	Road	Rail	Air	Container (Ocean)	Non-Container (Ocean)
North America	%	%	%	%	%	%
South America	%	%	%	%	%	%
Central America	%	%	%	%	%	%
Caribbean	%	%	%	%	%	%
Europe	%	%	%	%	%	%
Russia & former CIS Countries	%	%	%	%	%	%
Asia / Far East	%	%	%	%	%	%
Africa	%	%	%	%	%	%
Middle East	%	%	%	%	%	%
Other (Specify):	%	%	%	%	%	%

LOCATION OF OPERATION AND PROPERTY COVERAGE

Location no. 1

Location Name:				Limit: \$		Type: <input type="checkbox"/> Warehouse <input type="checkbox"/> Office	
Address			City		Province	Postal Code	Property Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rent
Building Construction: Roof: <input type="checkbox"/> Concrete <input type="checkbox"/> Steel Deck <input type="checkbox"/> Brick <input type="checkbox"/> Wood			Building Construction: Walls <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Wood			Building Construction: Floor <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Wood	
Outside storage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fenced area: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Smoke detector: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type:	

Location no. 1 coverages	Limit of Liability	Coverage	Limit of Liability	Coverage	Limit of Liability
Building	\$	Office Contents	\$	Tenant's Improvements	\$
Owned Stock	\$	Laptops	\$	Signs	\$
Owned Equipment	\$	EDP	\$	Other; Describe:	\$

Location no. 2

Location Name:				Limit: \$		Type: <input type="checkbox"/> Warehouse <input type="checkbox"/> Office	
Address			City		Province	Postal Code	Property Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rent
Building Construction: Roof: <input type="checkbox"/> Concrete <input type="checkbox"/> Steel Deck <input type="checkbox"/> Brick <input type="checkbox"/> Wood			Building Construction: Walls <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Wood			Building Construction: Floor <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Wood	
Outside storage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fenced area: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Smoke detector: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type:	

Location no. 2 coverages	Limit of Liability	Coverage	Limit of Liability	Coverage	Limit of Liability
Building	\$	Office Contents	\$	Tenant's Improvements	\$
Owned Stock	\$	Laptops	\$	Signs	\$
Owned Equipment	\$	EDP	\$	Other; Describe:	\$

Location no. 3

Location Name:				Limit: \$		Type: <input type="checkbox"/> Warehouse <input type="checkbox"/> Office	
Address			City		Province	Postal Code	Property Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rent
Building Construction: Roof: <input type="checkbox"/> Concrete <input type="checkbox"/> Steel Deck <input type="checkbox"/> Brick <input type="checkbox"/> Wood			Building Construction: Walls <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Wood			Building Construction: Floor <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Wood	
Outside storage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fenced area: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Smoke detector: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type:	

Location no. 3 coverages	Limit of Liability	Coverage	Limit of Liability	Coverage	Limit of Liability
Building	\$	Office Contents	\$	Tenant's Improvements	\$
Owned Stock	\$	Laptops	\$	Signs	\$
Owned Equipment	\$	EDP	\$	Other; Describe:	\$

Location no. 4

Location Name:				Limit: \$		Type: <input type="checkbox"/> Warehouse <input type="checkbox"/> Office	
Address			City		Province	Postal Code	Property Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rent
Building Construction: Roof: <input type="checkbox"/> Concrete <input type="checkbox"/> Steel Deck <input type="checkbox"/> Brick <input type="checkbox"/> Wood			Building Construction: Walls <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Wood			Building Construction: Floor <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Wood	
Outside storage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fenced area: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Smoke detector: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type:	

Location no. 4 coverages	Limit of Liability	Coverage	Limit of Liability	Coverage	Limit of Liability
Building	\$	Office Contents	\$	Tenant's Improvements	\$
Owned Stock	\$	Laptops	\$	Signs	\$
Owned Equipment	\$	EDP	\$	Other; Describe:	\$

BUSINESS INTERRUPTION COVERAGE					
Coverage		Limit of Liability	Coverage		Limit of Liability
Business Interruption		\$	Extra Expense		\$
EQUIPMENT BREAKDOWN					
Do you require cover for Breakdown of Machinery, Plant, Boilers and/or Pressure Vessels: <input type="checkbox"/> No <input type="checkbox"/> Yes					
If YES, for which location: <input type="checkbox"/> Location 1, <input type="checkbox"/> Location 2 <input type="checkbox"/> Location 3 <input type="checkbox"/> Location 4 <input type="checkbox"/> All Locations					
How often do the pressure vessels need to be inspected: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Yearly					
Type of Heating: <input type="checkbox"/> Forced Air <input type="checkbox"/> Steam <input type="checkbox"/> Electric		Air Conditioning: <input type="checkbox"/> Central <input type="checkbox"/> Window <input type="checkbox"/> None		Electrical System Capacity: Amps	
COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE					
Coverage	Limit of Liability	Coverage	Limit of Liability	Coverage	Limit of Liability
CGL	\$	Non-owned Automobile	\$	Medical Payments	\$
Tenants Legal Liability	\$	Damage to Hired Auto	\$	Umbrella	\$
Employee Benefits Liability	\$	Liability Under Forest Fires Prevention Act	\$	Other:	\$
Canadian Sales (CAD) \$	U.S. Sales (CAD) \$	Foreign Sales (CAD) \$	Total Sales (CAD) \$	Total Revenue (CAD) \$	Payroll (CAD) \$
CRIME COVERAGE					
Coverage	Limit of Liability	Coverage	Limit of Liability	Coverage	Limit of Liability
Employee Dishonesty	\$	Inside the Premises	\$	Forgery	\$
Money Order/ Counterfeit	\$	Outside the Premises	\$	Robbery & Safe Burglary	\$
# of Class 1 Employees		# of Class 2 Employees		Type of Safe	
PREVIOUS INSURANCE INFORMATION					
Previous Insurance Broker			Previous Insurance Company		
Coverage		Expiry Date (mm/dd/yy)	Coverage		Expiry Date (mm/dd/yy)
Freight Forwards' Legal Liability and Errors And Omissions			Warehouseman's Liability		
Property (Including Equipment Breakdown):			Business Interruption		
Commercial General Liability (CGL)			Crime		
LOSS EXPERIENCE					
Date or Year of Incident	Coverage Type, i.e. Property, Liability, etc.	Loss Description			Amount Paid Or Outstanding

Insurance Disclosure and Authorization to Bind Form

A. PRIVACY COMPLIANCE FORM

The Client hereby acknowledges that Marsh has been retained by the Client, the Association, and/or a member of the Association, which is a Client, to provide insurance coverage and products to its members and/or to acquire or renew a policy or policies of insurance or to provide Surety, Consulting, and/or Risk Management Services for the Client, Association and/or members of the Association, under which the Client, individual Client, named individual members of the Client, named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s) or to provide Surety, Consulting and/or Risk Management Services, the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing Personal Information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters, the association if applicable, and other third parties involved in providing the above services as outlined in Marsh's Privacy Policy which can be viewed at www.Marsh.ca or can be forwarded to the Client on request.

Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals for its disclosure of their Personal Information to Marsh and to the collection, use and disclosure of their Personal Information by Marsh for these purposes and has either provided a copy of Marsh's Privacy Policy or referred the insured individuals to the Marsh.ca website. The Client agrees to indemnify and hold Marsh harmless for any claims arising from the Client's breach of this warranty.

B. PROGRAM DISCLOSURE

Your CargoCover Insurance Package coverage will be placed with a program administered by Marsh Canada Limited. Marsh Canada has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program on a group basis with the insurer but we have not acted as a broker for any individual participant.

This Program may be for a term of several years and may not be negotiated annually.

C. COMMISSION DISCLOSURE

Marsh Commissions:

Coverage Type	Insurer Name	Premium (\$)	Commission Percentage (%)	Income (\$)	Enhanced Commission (%)
CargoCover Insurance Package	Continental Casualty Company		20%		3%

Notes: Enhanced Commissions - In some circumstances, the Enhanced Commission may only apply to a portion of the premium.

For disclosures with respect to the items below, please refer to www.marsh.ca > About Marsh > Disclosure:

- MMC and Subsidiaries Direct & Indirect Investments in Insurance and Reinsurance Companies
- Contractual Agreements with Insurers and Wholesale Brokers
- ENCON Group Inc.

D. SIGNATURE

PLEASE RETURN THE SIGNED CONSENT VIA EMAIL OR FAX

Client Name (or an authorized signing Officer where the Client is a commercial or other entity) (please print)

Signature of Client

Date (mon/dd/yyyy)

By signing this form you are consenting to the statements above.