



Division of Specialty
Program Group, LLC

Transportation Cargo Application



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SECTION I: Must be completed by all applicants

Name of Insured: _____ Date: _____
 Address: _____
 Contact Person/Title: _____ Phone #: _____ Fax #: _____
 Email Address: _____
 Years In Business: _____ If less than 3 years, please attach resume.
 Nature of business: _____

FMC # _____ PUC # _____ SCAC # _____

Registered with International Air Transport Association (IATA) YES NO N/A
 Member of Custom Trade Partnership Against Terrorism (CTPAT) YES NO N/A
 Has applicant ever been suspended by the Defense Travel System (DTS) YES NO N/A
 Do you keep on file certificates for the origin and destination agent? YES NO N/A
 Are certificates updated annually per policy expiration date? YES NO N/A
 Do you act exclusively as a customs broker? YES NO N/A
 Are you involved with waste materials, bulk commodities? YES NO N/A
 Do you deal with chemical, biological, bio-chemical or electromagnetic devices? YES NO N/A
 If you are a Freight Forwarder: Do you act EXCLUSIVELY as a Custom Broker? YES NO N/A
 Do you carry Errors and Omissions Insurance? YES NO N/A

Please complete the following for the past four years:

Year	Marine Premium	Losses Paid and Outstanding	Principal Cause of Loss

Section II: Domestic (Complete if you hold Domestic Authority)

A. Revenue & Operations:

Household Goods:	Estimated Revenue: \$ _____	Percent of Operation: _____%
Office & Industrial:	\$ _____	_____%
Electronics:	\$ _____	_____%
Military or Government:	\$ _____	_____%
Miscellaneous:	\$ _____	_____%
Total Annual Revenue:	\$ _____	

B. What % of operations are: Local (within 50 miles) _____% Intrastate: _____% Interstate: _____%
C. What % of operations are: Moving under own authority: _____% Sub-Hauler: _____%
 Moving under Van Line Authority: _____% Other: _____%

D. Coverage and valuation:

	Limits of Liability:	Percent of Valuation
Per Truck:	\$ _____	.60/lb _____%
Per Occurrence:	\$ _____	1.25/lb _____%
Deductible:	\$ _____	FRV/lb _____%

(Include Military here)

Estimated Annual Values Shipped for the next 12 months in transit: \$ _____
 Estimated Annual Values in Storage for the next 12 months: \$ _____

Are you a van line agent? YES NO If **YES**, Name of Van Line _____
 Any prior insurance ever been declined, cancelled or non-renewed with the past 3 years? YES NO
 If yes, please provide explanantion: _____

Section III. International (Complete if you hold International Authority)

Estimated International Annual Revenue _____
 Military Channels Used _____
 Approx. number of customers _____
 Approx. number for which you purchase Insurance _____
 Description of Goods (list specialty, if any, and types of high volume commodities of existing clients)

Type of Shipments:

Family First: _____%	Non-Military: Office & Industrial _____%
GSA _____%	General Commodities _____%
	Electronics: _____%
	Household Goods _____%

AIR	SEA	TRUCK/RAIL
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Annual value of import shipments _____	_____ %	_____ %	_____ %
Percent of those insured _____	_____ %	_____ %	_____ %
Annual value of export shipments _____	_____ %	_____ %	_____ %
Percent of those insured _____	_____ %	_____ %	_____ %
Highest Value Shipped _____	_____	_____	_____
What percent of sea shipments are in Full Container Loads?		_____ %	
What percent of sea shipments are Less than Container Load? (LCL)		_____ %	
What percent of sea shipments are not containerized? (Break-bulk)		_____ %	
Describe packing: (i.e. use 20' containers, each press is blocked & braced) _____			

What percent of goods are shipped to or from the following geographical areas?

Domestic U.S. Shipments	_____ %
Far East, Pacific Rim, Australia and New Zealand	_____ %
Europe (<i>excluding former USSR and Yugoslavian countries</i>)	_____ %
Former USSR and Yugoslavian countries	_____ %
Middle East (<i>excluding Iran, Iraq, and Lebanon</i>)	_____ %
Caribbean	_____ %
South and Central America (<i>excluding Bolivia & Paraguay</i>)	_____ %
Africa (<i>excluding West African countries, Libya, Nigeria & Angola</i>)	_____ %
West African countries	_____ %
All other countries	_____ %

Please provide details of other regular shipments, if any, to excluded countries listed in *italics*

Are there any shipments not involving the U.S.A.? YES NO
 If yes, indicate: _____

Section IV: All applicants must provide the following:

- Currently valued loss runs for the past 4 years
- Financial Statement including Profit and Loss Statement AND Balance Sheet
- Proof of Registration with the IATA, if applicable (not required for 100% military forwarders)

I understand that the above information and loss exhibits attached, which are correct and complete to the best of my knowledge, is to be the basis of insurance quotation, if granted, but does not obligate me to accept the insurance, nor the company to accept the risk.

Signature of applicant: _____
 Date: _____

Insurance Agency: _____
 Contact #: _____

Signature of person completing application: _____ Date: _____