



ACE USA

Logistics Package Application

Check boxes for coverages where quotation sought, then complete the general information section and also the appropriate sub-sections. For motor truck cargo legal liability, general liability and property, submit submissions(s) on usual broker format.

- Marine Cargo
- Transportation Liability
- Errors & Omissions
- Warehouse Legal Liability
- Motor Truck Cargo Legal Liability
- General Liability
- Property

Please answer all questions completely. If additional space is needed list information on separate page(s), which will be attached to and become part of this application.

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

GENERAL INFORMATION

- 1) Applicant: _____
- 2) Address: _____
- 3) Phone No.: _____ 4) Fax No.: _____ 5) email: _____
- 6) Website: _____
- 7) List all additional names and locations of related companies for which coverage is sought:

- 8) Business type (Corporation; LLC; Partnership or LLP; Sole Proprietorship; other): _____
- 9) Year established: _____
- 10) If in business less than 2 years, provide the following for company owners, officers or partners:

Name	Title	Years experienced	When joined organization
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PART A – MARINE CARGO

- 1) Total annual value of shipments \$ _____ \$ _____
 (import & export) Last 12 months Anticipated
- 2) Percentage insured by applicant: _____ %
- 3) List major areas of trade:

COMMODITY	FROM	TO	APPROX. ANNUAL VOLUME	% AIR	% OCEAN

- 4) a) Percentage of ocean shipments containerized: _____ %
- b) Are goods consolidated with cargo of others in containers: _____
- c) Where is container normally unpacked (discharge port, consignee's warehouse, other):

5) Locations and limits required for merchandise temporarily removed from the normal course of transit:

LOCATION NAME AND FULL ADDRESS	LIMIT	PURPOSE (e.g. temporary warehousing, consolidation, deconsolidation, repackaging, processing, assembly, etc.)

If a marine cargo policy is currently in effect, it is not necessary to answer the below questions, provided you supply us with:

- a) a complete copy of the current policy and rate schedule;
- b) a statement of the premiums and losses (including principle cause) paid for each of the last 5 years. Please note the insuring conditions and, if a deductible was applicable to the losses, state whether the amounts include or exclude the deductible amount;
- c) a statement describing any changes or additions you would like to have made.

6) Type of goods or merchandise to be insured (describe as fully as possible):

7) Average value per shipment: \$ _____

8) Maximum value per shipment:

- a) Ocean vessel \$ _____
- b) Ocean vessel (on deck) \$ _____
- c) Barge \$ _____
- d) Aircraft \$ _____
- e) Mail or parcel delivery \$ _____
(Fed Ex, etc.)

9) The usual valuation clause used in an open policy is as follows:

“valued, premium included, at amount of invoice, including all charges in the invoice, and including prepaid and/or advanced and/or guaranteed freight, if any, plus 10%”.

If the above does not meet your requirements, please advise the formula requested.

10) In the past 5 years, has your marine cargo policy been cancelled by an insurance company:

No Yes Reason: _____

11) Please complete the following for the prior 5 years:

YEAR	MARINE PREMIUM	LOSSES PAID & O/S	MAIN CAUSE OF LOSSES

12) Additional Comments:

13) Total annual value of shipments by land or air within/between USA and/or Canada

\$ _____ \$ _____
 Last 12 months Anticipated

14) Total annual value of shipments by land only within/between foreign countries

\$ _____ \$ _____
 Last 12 months Anticipated

Percentage insured by applicant: _____ %

15) Average value per inland transit shipment: \$ _____

16) Maximum value per inland transit shipment:

- a) Truck (common carrier) \$ _____
- b) Truck (owned vehicles) \$ _____
- c) Rail \$ _____
- d) Air \$ _____
- e) Mail or parcel delivery \$ _____
 (Fed Ex, etc.)

PART B – TRANSPORTATION LIABILITY

1) Please provide copies of the following (check if included).

- Corporate brochure
- Sample of your invoice (front and back)
- Your terms and conditions of service for each country in which you operate (if applicable)
- Any other document addressing your liability for damages in the event of a claim or lawsuit.

- 2) a) Does the front of your invoice reference, in bold type, the terms and conditions of service which appear on the reverse side of your invoice? _____
- b) Do you complete the venue clause at the end of the terms and conditions of service? _____
- c) Are employees encouraged to participate in continuing education courses? _____
- d) Do you conduct loss prevention seminars for your employees? _____
- e) Do you secure certificates of insurance and evidence of licensing from truckers, warehousemen, etc.? _____

If applying for coverage for physical loss or damage to your customer's cargo shipped under your house, air, ocean and/or surface bill of lading, attach a copy of all house bills issued by your company(ies) and answer the following.

3) NVOCC/Consolidator – Principal.

Estimate the total number of annual movements under your house bills of lading:

- a) TEU's b) FEU's c) LCL's

4) Air Freight Forwarder/Consolidator – Principal.

Estimate the total number of annual movements under your house air waybill (HAWB).

- a) Total tons moved: _____
- b) Percentage of annual activity shipped on a full value declared basis under your HAWB: _____
- c) Percentage of annual activity for domestic only: _____

5) Domestic Forwarder/Consolidator (rail/truck) – Principal.

Estimate the total number of annual movements under your house surface bill of lading.

- a) Annual trailers moved: _____
- b) Percentage of annual activity shipped on a full value declared basis under your house surface bill of lading: _____

6) Percentage of traffic your bill of lading is issued –

Port to Port _____ % Door or Door _____ %

7) List all bill of lading claims/losses for previous 5 years or attach loss runs:

<u>Date</u>	<u>Description</u>	<u>Amount</u>
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8) List bill of lading liability insurance policies carried during past 3 years. If none, so state.

<u>Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Date</u>
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9) Has any application or cover for this type of insurance ever been declined or cancelled, or has renewal been refused?

_____ If yes, please provide explanation:

10) What is the requested limit of liability for each accident/incident/occurrence? _____

11) What is the requested deductible? _____

PART C – ERRORS AND OMISSIONS

1) Total number of employees: _____

2) How many of the following types of employees are employed.

Logistics managers: _____ Contract/negotiation managers: _____

MIS personnel: _____ Warehouse personnel: _____

Other professional personnel: _____ Drivers: _____

(Please specify) _____ Support/clerical: _____

3) Is applicant directly or indirectly controlled by, owned or associated with another company, including a carrier (e.g. motor carrier): Yes No

If yes, please explain on separate sheet.

If yes, does applicant render any services to these business enterprises: _____

4) Have any of applicant’s owners, officers, partners, directors, principals or employees ever been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities:

Yes No If yes, please explain on separate sheet.

It is understood and agreed to that with respect to the above question 4, that this proposed policy will not cover any such claim or action arising therefrom.

5) What services does applicant provide (e.g. brokerage, freight forwarding, warehousing, carrier, diverse logistics services, other).

6) Does applicant own a fleet? If so, how many vehicles and how many tractors and trailers:

7) What percentage of applicant’s business is derived from the services below?

	<u>% Business</u>	<u>% Gross Revenue</u>
Consolidator:	_____	_____
Customs brokerage:	_____	_____
Freight forwarding:	_____	_____

	<u>% Business</u>	<u>% Gross Revenue</u>
Warehousing:	_____	_____
Carrier (total):	_____	_____
Rail:	_____	_____
Motor:	_____	_____
Air:	_____	_____
Maritime:	_____	_____
Diverse Logistics:	_____	_____
Other (please specify below)	_____	_____
Other:	_____	

8) Indicate number of freight forwarding movements:

Last year: _____

This year (estimate): _____

9) Indicate number of customs entries:

Last year: _____

This year (estimate): _____

10) Indicate gross revenues:

	<u>Domestic</u>	<u>International</u>
3 years ago:	_____	_____
2 years ago:	_____	_____
1 year ago:	_____	_____
Projected revenues	_____	_____

11) Applicants geographic scope of operations – if interstate, name state operated in – if international, name countries operated in:

12) Primary types of cargo:

	<u>% Business</u>	<u>% Revenues</u>
General freight:	_____	_____
High value (over \$250,000/trailer):	_____	_____
Hazardous materials/waste:	_____	_____
Expedited shipments:	_____	_____
Other (please specify below):	_____	_____

Other: _____

13) If 25% or more of applicant's business involves a particular commodity, state type and percentage:

14) Does applicant own or lease specialized equipment (e.g. refrigerated trailers, flatbeds, tankers, etc.) . If so, state type and whether owned or leased:

15) Does applicant operate warehouse facilities – if so, state how many and where they are located:

16) Does applicant ever take ownership of client or customer's property – if so, describe the circumstance and regularity:

17) How many different types of carriers does applicant use monthly (average): _____

18) A. Activities performed over your company's internet sites (please check all that apply):

- buying or selling of goods, products or services
- collection or transmission of sensitive financial information
- website services or products to international customers/subscribers
- auction, exchange or hub services

B. Other web-based technical services provided by your company (please check all that apply):

- e-mail services
- registration of domain names for others
- hosting or managed services
- act as an application service provider (ASP)
- installation, management or maintenance of digital certificates or other forms of authentication
- collaborative services via a VPN or extranet

C. i) Does your website, system or network request and capture third party information? _____

If yes, please check all that apply:

- customer/subscriber names and addresses
- credit or debit card numbers
- social security numbers
- credit history and ratings
- medical records or personal health information
- intellectual property of others
- bank records, investment data or financial transactions

- ii) Do new engineering, research and development employees and ‘work for hire’ contractors sign a statement to the effect that they will not distribute or use previous employer or client trade secrets? _____
- iii) Does your company have a written and posted privacy policy on your site(s)? _____
- iv) Is encryption technology used when transmitting sensitive information? _____
- v) Is encryption technology used when sensitive information is stored on your own system? _____
- vi) Is sensitive, personal or confidential information located behind a firewall? _____
If yes, are strict access controls in place? _____
- vii) Does your organization sell or share individual subscriber or user identifiable information with other internal or external entities? _____
If yes, please describe:

- D. i) Do you have written policies in place which address:
Network security? _____
Appropriate use of network resources and the internet? _____
Appropriate use of e-mail? _____
- ii) Is there an organizational manager who is directly responsible for information security compliance operations? _____
- iii) Is there a program in place for employee awareness of the security policy? _____

E. Is firewall technology used at all internet points-of-presence to prevent unauthorized access to internal networks?

If so, please describe brand name(s), model(s):

19) Products and services offered:

TYPE OF PRODUCT OR SERVICE	% OF CURRENT YEAR REVENUE	% OF NEXT YEAR REVENUE	TYPICAL CUSTOMER
Computer Technical Support			
Consulting			
Custom Software Development			
Data Processing			
Hardware Assembly			
Hardware Manufacturing			
Online Exchange			
Prepackaged Software Development			
Systems Integration			
Web Hosting			
Web Design			
Other			

20) Have any claims been made or legal action been brought against applicant, it’s predecessor(s), any past or present principals, partners, directors or officers in the past 5 years? _____

- a) Date of claim(s)
- b) Identify claimant or plaintiff
- c) Allegations
- d) If an active claim, provide the insurance company reserves, expenses paid to date and claim status.
- e) If closed, provide the date closed and total expenses and damages paid.

21) Has the company ever sustained a significant systems intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar? _____

It is understood and agreed that if any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances are excluded from the proposed insurance.

22) After inquiry, do any partners, principals, directors, officers or employees of the firm for which coverage is sought, have knowledge of any act, error or omissions, unresolved dispute (including fee disputes), accident or any other circumstance that is or could be the basis for a claim under this proposed insurance policy? _____

If yes, provide details on a separate sheet including project name and potential claimant, dates and damages.

It is understood and agreed that if such knowledge or information exists, any claim arising therefrom is excluded from this insurance.

23) Has any E&O insurance policy for your company ever been cancelled or non-renewed? If yes, please explain.

24) Has any E&O insurance ever been declined for your company? If yes, please explain.

25) Do any of your company's E&O insurance policies cover any additional parties, including but not limited to individuals, associations, partnerships or corporations? If so, please explain.

Answer questions 26 thru 30 on separate sheet.

26) Describe your carrier selection procedure, including but not limited to the following: type of insurance required, minimum safety rating, necessary operating authorities and required specialized permits, and maintenance of carrier files.

27) Detail your procedures for dispatch, inventory control and warehousing, if any.

28) Detail your procedures or controls utilized to delineate your services from other parties, such as carriers, including but not limited to provisions in written contracts or verbal or written marketing information.

29) Detail your claims handling procedures.

30) Detail your limitations of liability, whether by insurance policy or self insurance.

31) If your company maintains a website, is that site interactive in nature – i.e., do clients or customers access it for rates, shipping or location information? If yes, describe the interactive nature of the website.

32) Please enclose the following:

- a) Summary of experience of key personnel and/or principals.
- b) Samples of bills of lading, air waybills and other contracts used in providing services.
- c) Copies of in-house quality control procedures.
- d) Summary of the ten largest assignments completed in the past 5 years.

PART D – WAREHOUSE LEGAL LIABILITY

1) Description of premises at each location to be insured.

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

Use separate sheet if required.

2) Is each location owned or leased? _____

If leased, who is responsible for maintenance? _____

3) Identify and describe other tenants operation and the type of storage.

4) Describe any agreements, other than your standard warehouse agreement, you have with your customers. Include a copy of your warehouse agreement.

5) Are any of the locations in a flood zone? _____

If yes, how do you control the exposure? _____

Do you use the basement? _____

If yes, describe any protection for rising water.

6) Are the customers goods on shelves or pallets? _____

7) For each location state:

<u>Year built</u>	<u>Remodeled date</u>	<u>Construction of the walls</u>	<u>Construction of the roof</u>
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8) Are the locations sprinklered? _____ If yes, complete the following:

Wet or dry _____ Manufacturer _____

Is there a secondary water system? _____

9) Do you have any other private fire protection? _____

If yes, describe:

10) Do you have theft/burglar alarm system? _____

If yes, is alarm central station or local? _____

Alarm company's name: _____

Underwriters laboratories certificate number: _____ Expiration date: _____

11) Do you have watchmen? _____ If yes, what are their hours? _____

12) Do you store any refrigerated goods? _____

If yes, describe including the square footage used and it's percentage of your total revenues:

13) What type of goods do you store? Show their percentage by weight, receipts or area and so indicate.

canned goods	_____%	cloth products	_____%	tires	_____%
other foods	_____%	paper products	_____%	beer, wine	_____%
furniture	_____%	liquor, spirits	_____%	appliances	_____%
industrial chemicals	_____%	radio/TV/stereo	_____%	clothing	_____%
rubber goods	_____%	auto parts	_____%	other, list	_____%
red label items	_____%	tobacco products	_____%		

14) How often is physical inventory taken? _____

How often is the inventory reconciled? _____

15) Total number of employees? _____

How many and what type of employees are bonded? _____

16) List annual gross receipts for each of the past 2 years plus the current year (show cold storage separately).

<u>Year</u>	<u>Storage</u>	<u>Handling</u>	<u>Transit</u>
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Next 12 months

17) Provide details of losses, insured or not insured, for the past 3 years.

18) Name any associations, groups, etc. your business belongs to:

19) Policy limit requested:

Blanket: _____

Unscheduled location: _____

Scheduled location: _____

Deductible requested: _____

20) Provide a copy of your warehouse receipt.

What percentage of your customers have this receipt? _____

If less than 75%, what type of agreement do you have with the other customers?

APPLICANT SIGNATURE

DATE

PRINT YOUR NAME

TITLE