



## FREIGHT FORWARDERS/CUSTOMS BROKERS SUPPLEMENTAL APPLICATION

### 1 APPLICANT INFORMATION

	Occupation	% of Gross income	Number of Transactions		Occupation	% of Gross income	Number of Transactions
<input type="checkbox"/>	Customs Broker	%		<input type="checkbox"/>	Warehousing	%	
<input type="checkbox"/>	Independent Ocean Freight Forwarder (FMC)	%		<input type="checkbox"/>	IATA Agent	%	
<input type="checkbox"/>	CAB Forwarder	%		<input type="checkbox"/>	Consolidation/Break-bulk Agent	%	
<input type="checkbox"/>	NVOCC	%		<input type="checkbox"/>	Property Broker	%	
<input type="checkbox"/>	Charter Agent/Broker	%		<input type="checkbox"/>	Cartage	%	
<input type="checkbox"/>	Steamship Agent	%		<input type="checkbox"/>	Other (please describe)	%	
<input type="checkbox"/>	Stevedore	%		<input type="checkbox"/>		%	

### 2 APPLICANT OPERATIONS

a Is the applicant a member of (Check all that apply)

☐ National Customs Brokers & Forwarders Association of America, Inc.

☐ Local Brokers/Forwarder Association (please name) \_\_\_\_\_

☐ Property Broker's Association of America, Inc.

☐ International Association of NVOCCs

☐ Other industry association (please name) \_\_\_\_\_

b Does your firm use trading conditions to limit liability? ☐ Yes ☐ No

If yes, please attach a copy

c Average value of shipments: \$ \_\_\_\_\_

### 3 STAFF CLASSIFICATION

# of Working Partners, Principles, Directors		# of Warehousemen, Drivers, etc.	
# of Managers Entry/Export Clerks, etc.		No of Support Personnel (typists, acctg, etc.)	

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant.

\_\_\_\_\_  
Date

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.