

- o DEERFIELD INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY



P.O. Box 768 Hendersonville, TN 37077
 800-768-7475 Fax (615) 264-3980
 www.bsrrins.com

**FREIGHT FORWARDERS/CUSTOMS BROKERS SUPPLEMENT
 TO THE GENERAL APPLICATION FOR SPECIFIED PROFESSIONS**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
 (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

<u>Occupation</u>	<u>Percentage of Gross Income</u>	<u>Number of Transactions</u>	<u>Occupation</u>	<u>Percentage of Gross Income</u>	<u>Number of Transactions</u>
[] Customs Broker	_____ %	_____	[] Warehousing	_____ %	_____
[] Independent Ocean Freight Forwarder (FMC)	_____ %	_____	[] IATA Agent	_____ %	_____
[] CAB Forwarder	_____ %	_____	[] Consolidation/ Breakbulk Agent	_____ %	_____
[] NVOCC	_____ %	_____	[] Property Broker	_____ %	_____
[] Charter Agent/Broker	_____ %	_____	[] Cartage	_____ %	_____
[] Steamship Agent	_____ %	_____	[] Other (please describe)	_____ %	_____
[] Stevedore	_____ %	_____	_____	_____ %	_____
			_____	_____ %	_____

2. APPLICANT OPERATIONS

- a. Is applicant a member of : (Check all that apply)
- [] National Customs Brokers & Forwarders Association of America, Inc.
 - [] Local Broker/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? (If Yes, please attach a copy) [] Yes [] No
- c. Average value of shipments: \$ _____ Average value of shipments: \$ _____

3. STAFF CLASSIFICATION

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

I understand information submitted herein becomes a part of my Application and is subject to the same representation and conditions.

 Name of Applicant*

 Title (Officer, partner, etc.)

 Signature of Applicant

 Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.