

Professional Liability: Freight Forwarder/Customs Brokers Supplement

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 UNDERWRITERS
 Division of Specialty Program Group, LLC

The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

1. Applicant Information:

Name of Applicant: _____

2. Organization Information:

Professional Services Offered	Percentage	Annualized Revenues
CAB Forwarder		
Cartage		
Charter Agent/Broker		
Consolidation/Breakbulk Agent		
Customs Broker		
IATA Agent		
Independent Ocean Freight Forwarder (FMC)		
NVOCC		
Property Broker		
Steamship Agent		
Stevedore		
Warehousing		
Other (please describe)		
TOTAL	100%	

3. Please identify the percentage of services that are sent or originate from the following:

A. Domestically _____ % B. Internationally _____ %

C. Please list International countries:

4. What is the Applicant's average value of shipments processed annually? \$ _____

5. What is the Applicant's average number of shipments processed annually? _____

6. Does the Applicant use training conditions to limit liability? No Yes (If "Yes", please attach a copy)

7. Please indicate types of commodities shipped?

FALSE INFORMATION

THIS SUPPLEMENT WILL BE ATTACHED TO AND BECOMES A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Signature: _____

Print Name/ Title: _____

Date: _____

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.