



Forwarder Protect "ForPro" (Transportation Liability) Insurance Application

*After completing this form, based on where you are domiciled,
please email to the appropriate WIS contact below:*

USA & Canada: Jason Odgers, jason@worldinsuranceagency.com

Latin America: Sandra Velasquez, sandra@worldinsuranceagency.com

Europe, Middle East & Rest of World: Angus Galbraith, angus@worldinsuranceagency.com

Asia Pacific: Anmol Sawlani, anmol@worldinsuranceagency.com

China: Fisher (Feiyu) Wang, fisher@worldinsuranceagency.com

Name of Insured:

Country:

Address:

City:

State:

Zip Code:

Contact Name:

Phone Number:

Email:

Name of Business:

Company Website:

WCA Network Member ID Number:

Are you a member of any trade associations? Yes No

If yes, please provide details:



What percent of business activity is dedicated to the following trading conditions?

Please select from the table below the service(s) to be insured under this program and enter the estimated percentage (%) of the gross freight receipts value (already advised) for the next 12 months for each insured service.

INSURED SERVICE	PERCENTAGE
Freight Forwarder (not issuing house BOL or AWB) including Sub-contracting services	
NVOCC (Issue house BOL or AWB)	
Road Carrier – Own Vehicles	
Courier Service / Parcel Carrier	
Custom Agent / Broker / Clearing Agent	
Warehouse Keepers - for goods stored at customer's request and NOT in the normal course of transit	
FMCSA registered Property/Freight/Truck Broker	
Chartering of Aircraft or Ship, Barge (excluded under policy)	
Other	

Please provide your annual freight receipts in USD as follows:

	Gross Freight Receipts (annual revenue, annual freight receipts or volumes)
Next Year (USD)	
This Year (USD)	
Last Year (USD)	



Insurance Information

Does the company provide Cargo insurance to its clients?	Yes	No
Has any insurer ever declined to insure you?	Yes	No
Has any insurer ever canceled your insurance?	Yes	No
Has any insurer ever refused to renew your insurance	Yes	No
Has any insurer previously imposed any special terms or penalties?	Yes	No
Does the member company have over 20% of their business involved with voyages in South America & Africa respectively?	Yes	No
Does the member company have over 5% of their business involved with household goods & dangerous goods shipments respectively?	Yes	No
Does your company ship any pharmaceuticals?	Yes	No

Details for paid & outstanding claims (last four years starting with this year):

	Paid	Outstanding	Total
Current Year			
Last Year			
Year Prior			
Year Prior			
Details			

What limit and deductible do you require?

Limit E&O	Deductible E&O	Limit Freight Liability	Deductible Freight Liability



Please provide any further information that may be material to the insurers.

Additional Branch offices:

Additional Warehouse locations:

Other applicable information:

Please attach the following items with your application:

Copy of House Bills of Lading (front & back)

Copy of House Air Waybill (front & back)

Copy of Warehouse Receipt (front & back)

Terms and Conditions of Services

Freight Bills/Receipts (front & back)

Client Contracts you want covered by insurance

SIGNATURE:

Print Name:

Title/Position:

Date:

Important Note: *The questions contained in this form are designed to give insurers information regarding your business. It may not address every aspect, and it is your duty to disclose all material information to insurers that may affect the premium or conditions.*