

**CONTINENTAL CASUALTY INSURANCE COMPANY**  
**CNA Plaza**  
**Chicago, IL 60685**

**Professional Liability Supplemental Application**

**FREIGHT FORWARDER SERVICES ERRORS & OMISSIONS**

**1. Name and Address of Applicant: (Please include DBA's/Subsidiaries, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Do you issue your own bill of lading and/or airway bill?**  Yes  No

**3. Please provide the following information for the past 12 months:    Number    Average Value**

Approximate number of Customs entries	_____	_____
Approximate number of shipments – IMPORT (releasing agent, not CHB)	_____	_____
Approximate number of shipments – EXPORT	_____	_____
Approximate number of shipments – DOMESTIC	_____	_____

**4. What is the average cargo value amount?                    \$ \_\_\_\_\_**

**5. What is the largest value cargo amount?                    \$ \_\_\_\_\_**

**6. Please enter the percentage of your traffic to/from or within each of the following areas...**

	%		%		%
USA/Canada	%	Eastern Europe	%	India & Pakistan	%
Caribbean	%	Middle East	%	Australia	%
Central/South America	%	Far East/China	%	Africa	%
Western Europe	%	Southeast Asia	%	Other _____	%

If Other, Please Explain: \_\_\_\_\_

**7. What percentage of the freight that you handle is...**

	%		%		%
Containerized	%	Spirits/Cigarettes	%	Computer	%
Break-Bulk	%	Dangerous Goods	%	Chilled Goods	%
Project Cargo	%	Used Goods/HHG	%	Jewelry/High Value	%

**8. Indicate the percentage of revenue derived from each activity...**

	%		%		%
Customs Broker	%	Ocean Freight Forwarder	%	NVOCC (House/B/L)	%
Air Freight Forwarder	%	Air Consolidator(HAWB)	%	Domestic Forwarder	%
Property Broker	%	Releasing Agent	%	Shipper's Agent	%
Trucker	%	Warehouse Operator	%	Other	%

If Other, Please Explain: \_\_\_\_\_

APPLICANTS VERIFICATION

**FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: and subjects such a person to criminal or civil penalties.) (For Tennessee and Washington Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

We, the undersigned, acknowledge that the aforementioned statements and answers are correct and complete. We, the undersigned, also acknowledge that the information submitted herein shall become part of the Epack insurance application attached hereto that the warranty statements contained herein remain true and accurate.

<b>Applicant's Authorized Signature:</b> _____
<b>Applicant's Title:</b> _____
<b>Date:</b> _____