

**A. DETAILS OF APPLICANT**

1. Name of Business:

2. Principal Business Address: *(Number, Street, Subdivision/Village, Barangay, Municipality/City, Province, Zip Code)*

3. Subsidiary companies/branch offices to be added to the Policy, if any, and their registered addresses:

4. Date company was established:

5. Nature of Business:

6. Telephone Number:

7. Fax Number:

8. Mobile Number:

9. TIN:

10. List of directors/partners:

11. List of principal stockholders owning at least 2% of capital stock:

12.a. Name of Authorized Representative:

12.b. Position:

12.c. Contact Number:

**(Please attach Articles of Incorporation/Partnership and By-Laws)**

**B. DETAILS OF BUSINESS**

1. Name of trade associations you are affiliated:

2. Names and qualifications/years of experience of directors and senior managers:

**3. Employees (Permanent and Contractual):**

- a. Number of Directors, Senior Managers
- b. Number of Clerical employees
- c. Number of Manual employees
- d. Total number of employees

**4. Quality Assurance accreditation from any internationally recognized organization:**

**5. Services to be insured (Please tick the services you provide to your customers):**

	No. of Years	Approx. percentage of Annual Turnover*
a. Ocean freight forwarder/NVOC		%
b. Air freight forwarder/air cargo agent		%
c. Customs Agent		%
d. Road Hauler		%
e. In-transit warehousing		%
f. Packaging/consolidating		%
g. Others ( <i>Please specify</i> )		%

\*Turnover = gross freight receipts, income or revenue but should exclude duty, taxes or disbursements paid on behalf of your customer

**6. Examples of Major Clients:**

**7. Does the Applicant (or any subsidiary/affiliated company) own any of the cargo handled?**

**8. Examples of main types of goods/cargos handled:**

- a. Outbound (Export)
- b. Inbound (Import)
- c. Domestic only

**C. FINANCIAL DETAILS**

Annual turnover for the <b>last financial year</b>	Estimated Annual turnover for <b>this financial year</b>	Forecast annual turnover for the <b>next financial year</b>

1. Below are questions for companies providing any freight forwarding service (ocean or air), haulage, warehousing or packing service.

i. Estimated percentage of your annual turnover you pay to independent Road Haulers, Warehouse keepers, Consolidators, Packers:

ii. Estimated percentage of your annual turnover results from carriage of cargo which is:

- |                  |                        |
|------------------|------------------------|
| a. Break Bulk    | Approx. Tonage         |
| b. Containerised | Approx. number of TEUs |
| c. Palletised    | Approx. Tonage         |

2.i. Which countries do international cargo mainly come from/ go to and the approx. percentage of your annual turnover from carriage of cargo to/ from these areas:

Outbound Cargo (Export)		Inbound Cargo (Import)	
	%		%
	%		%
	%		%
	%		%
	%		%

ii. Percentage of your annual turnover from carriage of cargo within the Philippines only (not export or import cargo):

3. Please indicate the percentage of the commodities you handle:

a. Refrigerated Cargo	%	f. Semiconductors	%
b. Liquid Cargo	%	g. Tobacco Products	%
c. Spirits/Softdrinks	%	h. Project Cargoes	%
d. Glass/Fragile Items	%	i. Dangerous Goods	%
e. Canned Goods	%	j. High value goods (e.g. computers, jewelry, gadgets, TVs, audio equipment)	%

4. Do you have a Customs bond?      Yes      No

5. What percentage of your turnover relates to cargo carried under your own house bill of lading and/or house airway bill?

**D. OPERATIONS**

6. If you operate your own vehicles, warehouse(s) or packing/consolidation facilit(ies):

6.1 Number of employees (including directors) involved in any of the above services:

6.2 Property you own lease or operate:

a. Warehouse

(i) Address of warehouse premises *(Please use separate sheet if more than one)*

(ii) Warehouse Floor Area:

(iii) Yard Area:

(iv) Type of construction & roof type:

(v) Racking system:

(vi) Computer inventory/ bar code system	Yes	No
(vii) Fencing/ Perimeter Wall	Yes	No
(viii) Water available 24 hrs a day	Yes	No

(ix) Details of Fighting Ability:

(x) Details of Security:

Estimated maximum value of all cargo at the premises at any one time: PHP	Maximum value of cargo on board any one truck or van (owned or subcontracted): (PHP/USD)
Estimated average length of time cargo is in warehouse before moving out:	Typical number of trips per van/truck, per day:
Does the Transport Company unpack/pack customer's cargo?	Yes No
Does the Transport Company unpack/pack containers?	Yes No
Details of packing materials used:	

(xi). Do you own the warehouse or lease it?      Lease      Own

b. Vehicles

Description	Cargo Carried	Plate Number	Geographical Limit

7. Cargo handling equipment used:

8. Do you hire to others?

(i) Activities that are subcontracted (if any)

(ii) Details of main subcontracted transport within the Philippines, e.g.

Main Sea Carriers:

Main Air Carriers:

Land Transport:

10. Please tick the conditions of business and documents you currently use:

10.1. Conditions of business

- (a) Own standard conditions – *please attach a copy*
- (b) National forwarding association conditions
- (c) National haulage association conditions
- (d) National ship agency association conditions
- (e) Other – *please attach a copy*

10.2. Bills of Lading issued in your own name

- (a) FIATA B/L
- (b) Own House B/L – *please attach a copy*
- (c) Other – *please attach a copy*

10.3. Other documents on your own name

- (a) FIATA AWB
- (b) House airwaybill – *please attach a copy*
- (c) Forwarder's certificate of receipt – *please attach a copy*
- (d) Other – *please attach a copy*

## E. DETAILS OF INSURANCE COVER

1. Please tick the insurance cover you require:

- (a) Liability cover if you do not issue your own bill of lading
- (b) Liability cover including issuing your own bill of lading
- (c) Third party liability
- (d) Liability for fines and penalties

2. Forwarder's errors and omissions:

Basic cover for incorrect or wrongful delivery of Cargo or delay in the handling of your Customer's Cargo only  
Liability for customers' financial loss

#### F. CLAIMS DETAILS

1. In the last five years have there been any of the following claims made against you?

- |   |     |    |
|---|-----|----|
| 1.1. Cargo or statutory liability claims                              | Yes | No |
| 1.2. General third party liability claims                             | Yes | No |
| 1.3. Professional indemnity (errors and omissions)                    | Yes | No |
| 1.4. If you answered YES to any of the above, please provide details: |     |    |

#### G. DETAILS OF EXISTING COVER

1. Are you currently insured for liability risk? If yes, by whom and what is your current limit, deductible and premium?

2. Do you require a specific limit of liability and/or deductible to be quoted? If so please state your requirements.

#### H. OTHER INFORMATION

1. Website:

4. Staff Training Programs:

2. Company Profile:

5. Safety & Risk Management Trainings:

3. ISO Accreditation Details (if any):

6. Industry Awards:

Applicant's Signature:

Full Name:

Position:

Date: