

BOND QUESTIONNAIRE

Please complete form and email to: info@worldinsuranceagency.com

SECTION I: US FMC BONDS

Indicate below the Bond(s) being applied for.

FMC Freight Forwarder \$50,000

Required by US Federal Maritime Commission for a license to arrange international shipments by sea and not issuing a house bill of lading.

FMC OTI/NVOCC Bond \$75,000

Required by US Federal Maritime Commission for a license to transact shipments by sea using a house bill of lading.

Non-USA FMC Bond \$150,000

Required by the US Federal Maritime Commission for non-USA forwarders shipping into the USA and using their own house bill of lading. Registration in USA required.

SECTION II: US CUSTOMS BONDS

Vessel/Vessel Agent Customs Bond **Bond Amount: \$**

Required by US Customs Border Protection for vessel operators and vessel agents navigating to and from the USA.

AMS Bond/Activity 3 Customs **Bond Amount: \$**

Required by US Customs Border Protection for companies seeking authority to electronically file advance manifests prior to ship arrival in the USA.

Customs Import Bond Activity 1 **Bond Amount: \$**

US Import bonds for importers and Customs Brokers as required by Customs Border Protection.

Company Name:

WCAworld Network Member No.

Contact Person:

Contact Email:

Contact Phone:

Employer Identification No. (EIN):

SECTION III: For FMC Bond Applicants Only

Skip this section if you are applying solely for a Customs Bond and go to Section IV.

NVOCC AND FREIGHT FORWARDER BONDS

Applicant's Full Legal Name as Registered with the Federal Maritime Commission:				
<input type="checkbox"/> Sole Ownership		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation
<input type="checkbox"/> LLC				
Business Address:		Phone:		Fax:
E-mail:			Country/State of Incorporation:	
Type of Bond: OTI	IRS #:	Term: Continuous	Amount: \$	Effective Date: DD/MM/YYYY
Has application for this bond been declined by another company? If yes, state particulars				
If prior Surety, give name and reason for change:				
Has the business or any other principal involved:		Yes		No
a. Had any lawsuits or judgments against them?		<input type="checkbox"/>		<input type="checkbox"/>
b. Ever failed in business or declared Bankruptcy?		<input type="checkbox"/>		<input type="checkbox"/>
c. Ever been convicted of a felony?		<input type="checkbox"/>		<input type="checkbox"/>
d. Ever had their license suspended, revoked or denied?		<input type="checkbox"/>		<input type="checkbox"/>
e. Ever been a party to a surety bond claim?		<input type="checkbox"/>		<input type="checkbox"/>
<i>If any answer is yes, attach a detailed statement</i>				

INSURANCE COVERAGE

Attach Declarations Page for Cargo Liability and E&O Insurance

Cargo Liability Carrier:	
Amount: \$	Renewal Date: DD/MM/YYYY
Errors and Omissions Carrier:	
Amount: \$	Renewal Date: DD/MM/YYYY



Information for all owners to complete – Please include information for parent company as well.

Name/Title:				Social Security #:	
Spouse:				Social Security #:	
% ownership:		# years owned business:		# years ocean cargo/freight experience:	
Address:				Balance of Mortgage:	
				Fair market value of home:	

Name/Title:				Social Security #:	
Spouse:				Social Security #:	
% ownership:		# years owned business:		# years ocean cargo/freight experience:	
Address:				Balance of Mortgage:	
				Fair market value of home:	

Name/Title:				Social Security #:	
Spouse:				Social Security #:	
% ownership:		# years owned business:		# years ocean cargo/freight experience:	
Address:				Balance of Mortgage:	
				Fair market value of home:	

APPLICANT ACKNOWLEDGES THAT CREDIT DATA MAY BE ACCESSED FOR THE UNDERWRITING OF THIS BOND.

AGREEMENT

In this Agreement, those who sign below (except for the witnesses) will be referred to as the INDEMNITORS. Each of the undersigned Applicant/Principal and Indemnitor(s) represents and certifies that the foregoing information and any financial information attached hereto, all of which is incorporated herein by reference, is true and correct and that said information is given for the purpose of inducing the Surety to issue, procure, execute or continue in force certain bonds or undertakings.

Each of the undersigned agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the Undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in substitution for or in succession of the said Bond(s), or any increase or extension of time of the said Bond(s), or any new bond or any modifications, renewal or continuation of any of the foregoing, the Undersigned hereby agrees:

1. To hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, credit reporting companies or agencies and all other persons, firms and corporations in order to confirm or verify information referred to or listed herein;
2. To pay to the Surety the agreed premium upon execution of the Bond(s) and annually in advance thereafter; until satisfactory evidence of the sureties discharge and release from liability shall be furnished to the Surety;
3. To furnish the Surety with satisfactory and conclusive evidence that there is no further liability on the Bond(s);
4. To perform all the conditions of said Bond(s) and will indemnify and save the Surety harmless from and against all liability, claims, demands, losses, costs, damages, suits, charges, and expenses of any kind whatsoever, including attorney's and counsel fees to the full extent allowed by law, which Surety may sustain or incur by reason of the issuance of such Bond(s) or any modifications, renewal or continuation of any of the foregoing, or obtaining a release, or evidence of termination, from all liability under such Bond(s);
5. That the Surety shall have (i) the exclusive right to adjust, settle or compromise any claim under such Bond(s), or any new bond or any modifications, renewal or continuation of any of the foregoing, in any manner the surety may see fit in order to secure or attempt to secure its discharge, and the Undersigned waive any and all claim against the Surety as a result of doing so, and (ii) the right, at its sole option and sole discretion, to increase or decrease the penalty(s) of any such Bond(s), to change the obligee(s) therein, to execute any continuations, enlargements, modifications and renewals thereof or substitute the same or different conditions, provisions and obligee(s) therein, it being agreed that this Indemnity Agreement shall cover such new or changed Bond(s) or renewals even though the Surety's action or consent may or does substantially increase the liability of the Applicant and the Undersigned;
6. That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive, when the law so permits, and in any event prima facie evidence of such payment and the propriety thereof and of the liability of the Undersigned therefore to the Surety; and
7. The Undersigned further agrees to reimburse the Surety for all expense, counsel and attorney fees, to the full extent permitted by law, incurred by the Surety in enforcing any provision of this agreement.
8. The Undersigned hereby affirms that the statements contained in the foregoing are true and are made without reservation and with full knowledge that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals information for the purpose of misleading, concerning any fact material thereto, commits a fraudulent insurance act, which is or may be a crime.

Regardless of the date this Indemnity Agreement is signed, the Undersigned agree that this indemnity agreement is effective as of, and on the earliest date of execution of any bonds by the Surety for the benefit of the undersigned Applicant.

Dated the _____ day of _____ **20**

Signing Instructions:

This agreement must be dated, and all names must be typed or written below any signature.

Name of Applicant (Name as it appears on Bond)

Signature

Typed name, title:

Signature

Witness name:



ALL OWNERS, (STOCKHOLDERS), SPOUSES AND ADDITIONAL INDEMNITORS MUST SIGN BELOW

In consideration of executing the Bond(s) applied for by Applicant, the Undersigned, now referred to as Indemnitor(s), acknowledge(s) that the above Indemnity Agreement has been read and the Indemnitor(s) is (are) aware of the contents of the Indemnity Agreement, and warrants they have a substantial material and beneficial interest in the affairs of the Applicant and in the transactions contemplated or referred to herein. The Indemnitor(s) agree(s) to be bound by the Indemnity Agreement to the same extent as the Applicant. This obligation imposes individual liability on the Indemnitor(s) as well as joint liability with the Applicant. The Indemnitor(s) has (have) sufficient interest in the performance of this obligation to execute this agreement and is (are) fully empowered to exercise this agreement.

INDEMNITORS and WITNESSES must type their name below each signature.

Signature

Indemnitor name:

Signature

Witness name:

Signature

Indemnitor name:

Signature

Witness name:

Signature

Indemnitor name:

Signature

Witness name:

Signature

Indemnitor name:

Signature

Witness name:

Section IV: For US Customs Bond Applicants, including AMS.

CUSTOMS BOND APPLICATION

PRINCIPAL INFORMATION

Name of Company to appear on Bond			TIN/SSN/CBP#
Address			Main Phone
City	State	Zip Code	E-Mail
State of Incorporation	Country of Incorporation	Number of Years Incorporated	

OFFICER OF THE COMPANY SIGNING BOND DOCUMENTS

Name		Title
Type of Company	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Foreign Corp <input type="checkbox"/> US Gov't <input type="checkbox"/> US State/Local	
Type of Business	<input type="checkbox"/> Importer <input type="checkbox"/> Warehousemen <input type="checkbox"/> Trucking Common Carrier <input type="checkbox"/> Air Carrier <input type="checkbox"/> Ocean Common Carrier <input type="checkbox"/> Other	

BOND REQUIREMENTS

<input type="checkbox"/> New Bond Application	Requested Bond Effective Date	Bond Amount Requested
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SELECT BOND TYPE REQUIRED

Continuous Bond

IMPORTER or BROKER	CUSTODIAN	CARRIER/AMS	FTZ	Other Bonds
Type '1' CFR 113.62	Type '2' CFR 113.63	Type 3	Type '4' CFR 113.73	Miscellaneous

Type of Business Enterprise

<input type="checkbox"/> General Goods <input type="checkbox"/> TIB <input type="checkbox"/> Warehouse <input type="checkbox"/> Auto <input type="checkbox"/> AD/CVD <input type="checkbox"/> FDA <input type="checkbox"/> Chapter 98 <input type="checkbox"/> GSP/CBI	<input type="checkbox"/> Drawback Payment Refunds	<input type="checkbox"/> Bonder Carrier <input type="checkbox"/> Bonded Warehouse <input type="checkbox"/> Container Freight Station <input type="checkbox"/> Bonded Cart men <input type="checkbox"/> List Customs Port Approved	<input type="checkbox"/> '3' AMS (Freight) <input type="checkbox"/> Instrument of International Carriage CFR 113.66 '3A'	<input type="checkbox"/> Foreign Trade Zone 113.73	<input type="checkbox"/> Airport Security Bond App A <input type="checkbox"/> Importer Security Bond (ISF) 113 APP D <input type="checkbox"/> Intellectual Property Rights (IPR) Other
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PROJECTED IMPORT DOLLAR VOLUME

Bond Amount Calculator Type '1' CFR 113.62	PREVIOUS TWELVE (12) MONTHS				ESTIMATED NEXT TWELVE (12) MONTHS			
	FOB VALUE	EST. DUTIES/ TAXES/ FEES	IR TAXES	NO. OF ENTRIES	FOB VALUE	EST. DUTIES/ TAXES/ FEES	IR TAXES	NO. OF ENTRIES
Estimated Dollar Import Volume								

COMPLETE THIS SECTION ONLY IF APPLYING FOR CUSTOMS IMPORT BOND ACTIVITY 1, 1A

OWNERSHIP AND STOCKHOLDER INFORMATION (COMPLETE FOR ALL BOND TYPES)

First Name:	Last Name:		Social Security Number:	Percent Ownership:
Address:	City	State	Zip Code	Phone:
Marital Status:	Spouse First Name:		Spouse Last Name:	Spouse Social Security #
Number of years you have owned this business:	Number of years' experience:		Fair market value of primary residence \$	Balance of mortgage: \$
First Name:	Last Name:		Social Security Number:	Percent Ownership:
Address:	City	State	Zip	Phone:
Marital Status:	Spouse First Name		Spouse Last Name	Spouse Social Security #
Number of years you have owned this business:	Number of years' experience:		Fair market value of primary residence \$	Balance of mortgage: \$
First Name:	Last Name:		Social Security Number:	Percent Ownership:
Address:	City	State	Zip	Phone:
Marital Status:	Spouse First Name:		Spouse Last Name:	Spouse Social Security #
Number of years you have owned this business:	Number of years' experience:		Fair market value of primary residence \$	Balance of mortgage: \$

QUESTIONS (ANSWER THOSE THAT ARE APPLICABLE)

1. Has your company imported merchandise subject to an anti-dumping order in the last 5 years? No <input type="checkbox"/> If Yes, Explain:
2. Has your company been assessed post entry duty adjustments? <input type="checkbox"/> No If Yes, Number of bills: Dollar amount Reason for additional duty bills:
3. Has your company received U.S. Customs "Notice of Penalty or Liquidated Damages" demands? Number received last year Current Year Reason for notices:
4. Is your company CTPAT Certified? <input type="checkbox"/> No <input type="checkbox"/> Yes
5. How does your company file ISF? <input type="checkbox"/> Self File <input type="checkbox"/> CHB <input type="checkbox"/> Freight Forwarder
6. How does your company pay US Custom duty? <input type="checkbox"/> Company Check <input type="checkbox"/> Company ACH <input type="checkbox"/> CHB ACH
7. Has application for this bond been declined by another company? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state particulars Click here to enter text. Name of prior surety Click here to enter text.
8. Had any lawsuits or judgments against them? <input type="checkbox"/> Yes <input type="checkbox"/> No (If any answers are yes, attach detailed statement)
9. Ever failed in business or declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Ever had their license suspended, revoked or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Ever been a party to a surety bond claim? <input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT

BY CHECKING, WE ACKNOWLEDGE:

I certify that the foregoing information is true, accurate and based on the best information available as of the date of this application. Should the principal discover any inaccuracies in the above information, the principal understands it is its duty to advise the surety immediately. The principal understands this application does not constitute an agreement to execute bonds or any bond. The principal furthermore understands that additional information may be required as part of the underwriting process. The principal understands that applications to U.S. Customs and Border Protection are subject to many variables and that the success of any application is in no way guaranteed. The principal hereby waives any claim that delays in communication with U.S. Customs and Border Protection are the fault of the surety. The principal furthermore understands that U.S. Customs and Border Protection may periodically change its policies and procedures, and hereby waives any claim that any failure to comply with any such changes is the fault of the surety. The principal hereby waives any claim that any negative determination with respect to this application by U.S. Customs and Border Protection is the fault of the surety.

Company Name

Print Name and Title

Signature

Date