

**INDIRECT AIR CARRIER - INTERNATIONAL**



**Cargo Legal Liability Insurance Application**

Applicant: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Annual Gross Revenue-Next Year: \_\_\_\_\_

Annual Gross Revenue-Last Year: \_\_\_\_\_

IATA #: \_\_\_\_\_

Have Forwarder authority/#? \_\_\_\_\_

Have Carrier authority/#? \_\_\_\_\_

Have Transportation Property Broker authority? \_\_\_\_\_

Top 10 Commodities Shipped by volume: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major Origins/Destinations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List top five international air carriers used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide details of any refrigerated cargoes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provide details of any Hazardous Cargoes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimate total of Declared Values for last 12 months: \_\_\_\_\_

Describe any special services provided (warehousing, fulfillment, labelling, etc.), and provide copy of the services agreements for each.

Do you perform pickup and/or delivery drayage using your own vehicles? \_\_\_\_\_  
If yes, how many vehicles to you operate? \_\_\_\_\_

**Loss Experience:**

	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Previous Insurer: \_\_\_\_\_

Limits Requested: \_\_\_\_\_ Per Conveyance  
\_\_\_\_\_ Per Occurrence

Deductible Desired: \_\_\_\_\_

**Attach a copy of your house airwaybill, front and back.  
and  
Attach a copy of your trading terms provided electronically.**

I hereby certify that the foregoing is a good faith representation of the information requested.  
I acknowledge that if this insurance is effected, material misrepresentation or concealment of any information voids this insurance.

\_\_\_\_\_  
(Name / Title)

\_\_\_\_\_  
Date

Email completed application to: [submissions.idealam@wichert.com](mailto:submissions.idealam@wichert.com)

**IDEAL Agriculture & Marine, a product of Wichert Insurance**

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