



**WORLD**  
INSURANCE

**WORLD INSURANCE SERVICES, INC.**

440 Sawgrass Corporate Parkway, Suite 210, Sunrise, FL 33325 USA

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## NVOCC AND FREIGHT FORWARDER BONDS

Applicant's Full Legal Name as Registered with the Federal Maritime Commission:					
(circle one) Sole Ownership - Partnership - Corporation - LLC					
Business Address			Phone:		Fax:
E-mail:			Country/State of Incorporation:		
Type of Bond: <b>OTI</b>	IRS #:	OTI License #:	Term: Continuous	Amount: \$	Effective Date: Effective date
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	If any answer is yes, attach a detailed statement
a. Had any lawsuits or judgments against them?					
b. Ever failed in business or declared Bankruptcy?					
c. Ever been convicted of a felony?					
d. Ever had their license suspended, revoked or denied?					
e. Ever been a party to a surety bond claim?					

## INSURANCE COVERAGE

### Attach Declarations Page for Cargo Liability and E&O Insurance

<b>Cargo Liability Carrier:</b>	
Amount:	Renewal Date: <u>Renewal date.</u>
<b>Errors and Omissions Carrier:</b>	
Amount:	Renewal Date: <u>Renewal date.</u>

Info 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:		

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			Fair market value of home:		

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