

# INTERNATIONAL BOND & MARINE BROKERAGE, LTD.

## **IBM** CHB APPLICATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Filer Code: \_\_\_\_\_ Company/IRS# \_\_\_\_\_

Years in Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ No. of Branches: \_\_\_\_\_

**Current ABI Provider:** \_\_\_\_\_

### **Company Type:**

- |                                            |                                               |                                                                            |
|--------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Freight Forwarder | <input type="checkbox"/> Customs Broker       | <input type="checkbox"/> Tank Container Operations                         |
| <input type="checkbox"/> N.V.O.C.C.        | <input type="checkbox"/> Stack Train Operator | <input type="checkbox"/> Warehouse Operator                                |
| <input type="checkbox"/> Air Cargo Agent   | <input type="checkbox"/> Trucking             | <input type="checkbox"/> Ship's Agent <input type="checkbox"/> Road Hauler |

Other (please specify): \_\_\_\_\_

### **Contact Information**

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Claims Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Bond Production:**

Projected number STB's per month: \_\_\_\_\_

Projected number of Continuous Bonds per month: \_\_\_\_\_

As a Customs Broker, what is the approximate number of entries you handle for a 12-month period? \_\_\_\_\_

### **Bond types on a percentage basis:**

General Merchandise _____%	FDA _____%	TIB _____%
Drawback _____%	Textile _____%	Other _____%

List commodity specialty: (if any) \_\_\_\_\_

Current Single Transaction Bond Rate: \_\_\_\_\_

Current Continuous Bond Rate: \_\_\_\_\_

Current Surety: \_\_\_\_\_

Is your company protected by E&O Insurance? \_\_\_\_\_ Renewal date: \_\_\_\_\_ Current Carrier: \_\_\_\_\_

Do you run credit reports for new importers? \_\_\_\_\_

What Percentage of your business is originates from Freight Forwarders? \_\_\_\_\_

**I hereby certify all information provided is complete and accurate:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_