

**OCEAN TRANSPORTATION INTERMEDIARY
OTI
FMC & NVOCC APPLICATION**

NAME _____

DBA NAME IF ANY _____ PHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE LIST ALL OPERATING BRANCHES (USE 2ND SHEET IF NECESSARY)

IRS# _____ LICENSE # _____

SCAC CODE _____ YEARS IN BUSINESS _____

E&O (ERRORS & OMISSIONS) INSURANCE CARRIER _____

LIMITS _____ RENEWAL DATE _____

CARGO LEGAL LIABILITY INSURANCE CARRIER _____

LIMITS _____ RENEWAL DATE _____

MARINE CARGO INSURANCE PROVIDER _____

IF OTHER THAN IB&M PLEASE PROVIDE FOLLOWING RENEWAL DATES

CURRENT CUSTOMS BONDS ON FILE _____

CURRENT OTI BOND PROVIDER _____

FREIGHT FORWARDING BOND _____ NVOCC BOND _____

PLEASE SUBMIT CURRENT AUDITED FINANCIAL STATEMENTS ALONG WITH THIS APPLICATION. ALL FINANCIAL STATEMENTS ARE FOR UNDERWRITING PURPOSES ONLY.

SIGNATURE _____ TITLE _____ DATE _____