



**FMC-OTI, FOREIGN NVOCC, US CUSTOMS AND MISC SURETY BONDS  
APPLICATION AND INDEMNITY AGREEMENT**

**Risk Management Insurance Brokerage Ltd.**

Suite 1201, Tower 2, South Seas Centre, 75 Mody Road, TST, Kowloon, Hong Kong

Tel: (852) 2529-7866 Fax: (852) 2527-7511

E-mail: [bonds@riskmgtgroup.com](mailto:bonds@riskmgtgroup.com)

**Instructions:**

- Complete this entire application truthfully. Knowingly providing false or misleading information, or concealing information for the purpose of misleading, means you are committing a fraudulent insurance act, which may be a crime.
- Include the most current audited annual business financial statements, including notes and accountant's report. If over 6 months old, also include most current interim financial statements. Interim statements must be signed by a corporate officer attesting to their accuracy.
- Include an original copy of your ocean bill of lading (front and back).
- Include proof (policy or declaration page) of Errors & Omissions Insurance and Bill of Lading Legal Liability coverages.
- Obtaining a surety bond is similar to obtaining credit. Your application is subject to approval and may be denied. Completing the application does not guarantee your bond will be approved. Submit this application and all required attachments to Risk Management. Risk Management will inform you of the decision on your application. If approved, you will be required to pay the first year's premium for your bond before it will be filed with the obligee.
- Payment of premium or proof of electronic transfer must accompany this application.** Payment will be accepted by bank draft (drawn on a HK Bank in US Dollars) or by electronic transfer to:

**Bank Name:** China Construction Bank (Asia) Corp Ltd.

**Address:** 56 Hoi Yuen Road, Kowloon, Hong Kong

**In Favor of:** Risk Management Insurance Brokerage Ltd.

**USD Acct No.:** 009 644 0004766937

**When transferring electronically, please reference your company name. Any application submitted without payment or proof of electronic transfer will not be processed.**

<b>APPLICANT INFORMATION</b>		Applicant's Complete Legal Name (Must match name on tariff)	
Address (No P.O. Boxes)		Trade Name or DBA Name (if applicable)	
		Corporation - Place of Incorporation (Country and/or State or Province)	
		Contact	Title
E-mail		Phone	Fax
No. Offices	No. US Offices	Date Company Established (If Less than 2 years, attach summary of business experience of Applicant and its principals.)	
Has Applicant or Partner / Senior Corporate Officers of Applicant filed any form of bankruptcy? (If Yes, attach explanation)			
Tax ID / Customs Importer Number:		SCAC Code:	
Names of Previous Sureties:		Has Applicant ever defaulted under any bond? (If yes, attach explanation)	
Have you ever had any bonds cancelled by any surety? (If Yes, attach explanation)			
Are there any pending claims against any bond Applicant? (If Yes, attach explanation)			

**BOND INFORMATION**

Type (s) and amount (s) of Bonds (indicate all that apply):	<u>FMC Bonds</u>		<u>US CBP Bonds</u>	
	<input type="checkbox"/> Foreign NVOCC Bond	USD \$150,000	<input type="checkbox"/> Int'l Carrier Bond	USD \$ _____
<input type="checkbox"/> OTI-NVOCC Bond	USD \$ _____	<input type="checkbox"/> Activity Code 2 Bond	USD \$ _____	
<input type="checkbox"/> OTI-FF Bond	USD \$ _____	<input type="checkbox"/> Others _____	USD \$ _____	

NVOCC Tariff Publisher (or URL of your published tariff):

<p align="center"><b>For USA Applicants</b></p> <p>FMC-OTI License Number (If new FMC applicant, attach copy of completed FMC-Form 18):</p> <p># of US locations providing OTI services (If more than 1, provide all location addresses):</p>	<p align="center"><b>For Non-US OTI</b></p> <p>Your US Agent for service of process: (Name and Address)</p>
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**Please submit all signed and completed forms and all required attachments, including current financial statements, ocean bill of lading, and evidence of insurance via post, fax or email as indicated above**



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**REMINDER: BELOW ITEMS MUST BE INITIALED IN ORDER TO PROCESS APPLICATION**

Initial

**Acknowledgement of Applicant**

- \_\_\_\_\_ 1. Applicant understands that maintaining adequate Errors & Omissions insurance and Bill of Lading Legal Liability insurance are important measures to preserve and protect the business assets of the Applicant.
- \_\_\_\_\_ 2. Where insurance is a prerequisite for bond issuance and renewal, applicant agrees to keep such insurance intact, renew such coverages annually, and will immediately notify Risk Management of any termination or lapse in coverage.
- \_\_\_\_\_ 3. Where insurance is a prerequisite for bond issuance and renewal, applicant agrees that the failure to maintain adequate Errors & Omissions insurance and Bill of Lading Legal Liability insurance, may be cause for termination by the surety of any bond.
- \_\_\_\_\_ 4. Applicant agrees to immediately notify Risk Management of any suit or claim against Applicant that may be recoverable under its bond, including all actions or investigations by the FMC or other regulatory body.
- \_\_\_\_\_ 5. Applicant agrees this application is subject to approval and that Risk Management will inform Applicant of the decision on the application. Upon approval of the application, Applicant agrees to pay the first year's premium

**Continuous Agreement of Indemnity**

The undersigned Applicant and Indemnitor(s) hereby request American Alternative Insurance Corporation ("Surety") to become surety for the above bond(s). The undersigned hereby certify the truth of all statements in the application and its attachments and jointly and severally agree:

- to pay the usual premiums including continuations and/or renewals;
- to completely INDEMNIFY Surety against any and all liability, loss, costs, damages, fees of attorneys and other expenses which Surety may sustain or incur by reason of, or in consequence of the execution of such bonds and any renewal, continuation or successor thereof;
- that Surety shall have the right to adjust, settle, or compromise any claim, demand, suit or judgment upon said bond(s) and its decision in good faith to make any payment shall be final and conclusive as to the fact and extent of the liability of the undersigned;
- upon demand by Surety, to deposit current funds with Surety in amount sufficient to satisfy any liability, claim asserted, suit or judgment by reason of such suretyship; and
- that if said bond is cancelable, this agreement may be terminated by its third party Indemnitors as to subsequent liability, upon forty five (45) days written notice given to Surety by Certified Mail by such Indemnitors and with written confirmation from Surety stating when such termination will take effect. Such notice to Surety shall be sent to Risk Management Insurance Brokerage Ltd.

**Bond Applicant**

**COMPANY CHOP / SEAL**  
(Indicate if no seal)

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

\_\_\_\_\_  
Print Name of Corporate Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Witness Signature

**Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

**Please submit all signed and completed forms and all required attachments, including current financial statements, ocean bill of lading, and evidence of insurance via post, fax or email as indicated above**



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**THIRD PARTY INDEMNITOR**

Third Party Indemnitor Complete Legal Name

Address (No P.O. Boxes)

Trade Name or DBA Name (if applicable)

Corporation - Place of Incorporation  
(Country and/or State or Province)

Contact

Title

E-mail

Phone

Fax

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- to pay the usual premiums including continuations and/or renewals;
- to completely INDEMNIFY Surety against any and all liability, loss, costs, damages, fees of attorneys and other expenses which Surety may sustain or incur by reason of, or in consequence of the execution of such bonds and any renewal, continuation or successor thereof;
- that Surety shall have the right to adjust, settle, or compromise any claim, demand, suit or judgment upon said bond(s) and its decision in good faith to make any payment shall be final and conclusive as to the fact and extent of the liability of the undersigned;
- upon demand by Surety, to deposit current funds with Surety in amount sufficient to satisfy any liability, claim asserted, suit or judgment by reason of such suretyship; and
- that if said bond is cancelable, this agreement may be terminated by its third party Indemnitors as to subsequent liability, upon forty five (45) days written notice given to Surety by Certified Mail by such Indemnitors and with written confirmation from Surety stating when such termination will take effect. Such notice to Surety shall be sent to Risk Management Insurance Brokerage Ltd.

**In consideration of the execution by Surety of the bond herein applied for, the undersigned, jointly and severally, join in the forgoing indemnity agreement.**

**COMPANY CHOP / SEAL**  
(Indicate if no seal)

\_\_\_\_\_  
Third Party Indemnitor

\_\_\_\_\_  
Print Name of Corporate Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Witness Signature

**Bond Applicant**

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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