



INTERNATIONAL CARRIER BOND (AMS) ACTIVITY CODE 3 APPLICATION

Company: _____ Contact: _____

DBA Name if Any: _____ Phone Number: _____

Street Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Country: _____ (If foreign, please provide US Agent info)

Email: _____

IRS #: _____ Customs Assigned #: _____

SCAC Code: _____ Years in Business: _____

P&I (Protection & Indemnity) Insurance Carrier: _____ (Please submit copy)

Bond Amount: \$ _____

Cargo Legal Liability Insurance Carrier: _____

Limits: _____ Renewal Date: _____

Marine Cargo Insurance Provider: _____

Current Customs Bonds Provider Renewal Date: _____

Current OTI Bond Provider Renewal Date: _____

You must submit current full financial statements or tax returns along with this application. No bonds will be approved without financials. All financial statements are for underwriting purposes only.

(Print Name)

(Title)

(Signature)

(Date)