



TIA TRUST AGREEMENT APPLICATION & INDEMNITY

Completed applications must be signed by a corporate officer and returned to TIAPCBond@avalonrisk.com.

You are applying for: (check all that apply)

\$75K Trust (TIA Member)
 \$75K Trust (Non TIA Member)
 Other _____

- Please note the following important information for your application to be processed:**
- Complete all fields as noted below. Ensure application/indemnity is signed on all pages as noted, with initials and dates, as specified.
 - As noted on page 2, if applicable, attach evidence of your company's insurance coverage (Declarations page, Acord form).
 - Always include a current financial statement dated within six months (including a balance sheet, income statement and accountant's notes). Unaudited statements must bear the signature of the proprietor, partner or corporate officer.
 - Payment is required before the trust can be processed.

If you have any questions, please contact:

Transportation Intermediaries Association Nancy O'Liddy 1625 Prince Street, Suite 200, Alexandria, VA, 22314 Phone: (703) 299-5711 Email: oliddy@tinet.org	Avalon Risk Management Julie Pflanz, Account Manager 150 Northwest Point Blvd., 2nd Floor, Elk Grove Village, IL 60007 Phone: (847) 700-8100 Email: TIAPCBond@avalonrisk.com
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1. APPLICANT/PRINCIPAL/INDEMNITOR INFORMATION – REQUIRED FOR ALL APPLICATIONS

Type of Business: Individual/Sole Proprietorship (attach county/state DBA or fictitious name filing) Partnership (attach partnership agreement)
 LLC Corporation (attach articles of incorporation). State/country of Incorporation: _____

Company Name: _____

DBA/Trade Name (if applicable): _____

Address: _____

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

Mailing Address (if different from above): _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Title: _____

FMCSA/DOT Number: _____ Federal Tax ID/Importer Number: _____

Date Company was established: _____ If less than 5 years ago, note years in industry for senior officer: _____

Do you have additional locations? Yes No **If yes, please attach list of all offices with contact information* Number of offices: _____

List any previous business names used in the past five years, along with the city and state where located (attach a separate list if necessary): _____

Who referred you to TIA Trust Program? _____

List five references in the transportation industry (preferably shippers and carriers) who have known you for the past three years:

Company Name	Contact Name	Address	Phone
1.			
2.			
3.			
4.			
5.			

2. COMPANY OWNER(S), OFFICER(S) AND IMPORTANT CONTACTS – REQUIRED FOR ALL APPLICATIONS

Name:	Name:
Title:	Title:
Residence:	Residence:
City, State, ZIP:	City, State, ZIP:
Issuing State and Driver's License No.:	Issuing State and Driver's License No.:
Date of Birth:	Date of Birth:
Accountant:	Attorney:
Contact Name:	Contact Name:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Phone:	Phone:

3. SURETY AND INSURANCE INFORMATION – REQUIRED FOR ALL APPLICATIONS

Current Surety Company Name: _____
 Amount: _____ Expiration Date: _____
 Agent's Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP/Postal Code: _____ Country: _____
 Has any surety ever paid claims on your company's behalf? Yes No *If yes, please attach an explanation on a separate sheet.*
 Has your company ever been cancelled by any surety? Yes No *If yes, please attach an explanation on a separate sheet.*

Insurance Information. If you answer "Yes," attach evidence in the form of a Policy, Declarations Page or Acord form.

Do you maintain Errors and Omissions insurance coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you maintain "non-following form" Contingent Cargo Legal Liability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you maintain Contingent Auto Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you maintain General Liability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Bond Services. Are you interested in any of Avalon Risk Management's other bond services for:

<input type="checkbox"/> Customs Bonds (Int'l Carrier, Custodial, etc.)	<input type="checkbox"/> Ocean Freight Forwarder	<input type="checkbox"/> NVOCC
<input type="checkbox"/> Other (Include Obligees):		
<input type="checkbox"/> Surface Deployment and Distribution Command Bond (SDDC). If so, please answer the following two questions: Domestic or international carrier? _____ Will you transport personal property? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. BANK INFORMATION – REQUIRED FOR ALL APPLICATIONS

Current Depository Reference:

Bank Name: _____ Account Number: _____
 Contact Name (if any): _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP/Postal Code: _____ Country: _____

Proposed Letter of Credit Source:

Institution Name: _____ Account Number: _____
 Contact Name (if any): _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP/Postal Code: _____ Country: _____

5. BUSINESS INFORMATION – REQUIRED FOR ALL APPLICATIONS

Gross Freight Receipts. Please specify your annual gross freight receipts on a calendar year basis.

Last Year: \$ _____ This Year: \$ _____ Estimated Next Year: \$ _____

Business Activities. Please check all activities that apply to your firm and indicate the percentage of gross revenue from each activity.

- | | | |
|--|---|--|
| <input type="checkbox"/> Air Freight Forwarder _____% | <input type="checkbox"/> Customs Broker _____% | <input type="checkbox"/> Domestic Freight Forwarder _____% |
| <input type="checkbox"/> Indirect Air Carrier (IAC) _____% | <input type="checkbox"/> Ocean Freight Forwarder _____% | <input type="checkbox"/> Ocean Consolidator (NVOCC) _____% |
| <input type="checkbox"/> Property Broker _____% | <input type="checkbox"/> Releasing Agent _____% | <input type="checkbox"/> Shipper's Agent _____% |
| <input type="checkbox"/> Trucker _____% | <input type="checkbox"/> Warehouse Operator _____% | <input type="checkbox"/> Other: _____% |

Shippers. Please specify who your top shippers are and the percentage of revenue derived from each.

1. _____ % 2. _____ %
 3. _____ % 4. _____ %
 5. _____ % 6. _____ %

List professional associations your company is a member of: _____

Has applicant or any partner/officer ever filed any form of bankruptcy? Yes No *If yes, please attach an explanation on a separate sheet.*

6. TRUST AGREEMENT AND METHOD OF PAYMENT – REQUIRED FOR ALL APPLICATIONS

All applications require pre-payment of the application fee.

	\$75,000 Trust
Member Fees	\$75,000 Deposit
Application Fee	\$100
One Time Fee	\$350
Annual Fee	\$0
Non-Member Fees	\$75,000 Deposit
Application Fee	\$150
One Time Fee	\$550
Annual Fee	\$0

Check – Payable to TIA Services in U.S. funds

Credit Card, check one: American Express Visa Master Card Amount: _____

Name (as it appears on credit card): _____

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____

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

Signature: _____

Trust Agreement

The undersigned applicant (“Indemnitor” or “Applicant”) hereby requests TIA Services Corp. (“TIA SURETY”) to become its Administrator for the above Trust, and authorizes TIA SURETY to act as Applicant’s attorney-in-fact, in Applicant’s name, place and stead, for all purposes in connection with the handling of Applicant’s Trust affairs with Trustee.

Applicant is submitting a non-refundable application fee herewith, to be applied to the expense of processing the application. Applicant acknowledges that the fee will not be returned or otherwise credited to the applicant, whether or not the application is approved. Upon approval of an Applicant’s qualification to participate and verification of Applicant’s compliance with other Trust conditions, the Administrator may request additional fees.

The Applicant hereby certifies to the truth of all statements made in this application, authorizes TIA SURETY to verify this information, obtain additional information from any source at its own discretion.

As a material condition for acceptance of Applicant’s application and TIA SURETY’s agreement to act as Trust Administrator, Applicant agrees to execute and return to TIA SURETY the Agreement, and to be bound by and comply with all terms and conditions applicable to Broker set forth therein, which terms and conditions are hereby incorporated into this Application by reference.

Signature: _____ Date: _____

Printed Name: _____ Title: _____