

THE SHIPOWNERS INSURANCE AND GUARANTY COMPANY LTD.

International Carrier Bond (ICB) Application



U.S. Customs and Border Protection (CBP) requires the information in fields marked with an * to be completed.

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|---|--------------------------------------|---|---|---|--------------------------------------|--|---|---|-------------------------------------|--|---|--|---------------|-----------------------------|--|
| (1) Vessel(s) Names(s): <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | |
| (2) Filing Type *: Please insert an 'X' <input type="checkbox"/> AMS <input type="checkbox"/> APIS <input type="checkbox"/> Both <input type="checkbox"/> | | (3) SCAC Code (AMS only): <input style="width: 80%;" type="text"/> Obtain one here: https://secure.nmfta.org/Welcome.aspx | | | | | | | | | | | | | |
| (4) Bond Amount Required *: Standard Limit: \$100,000 <input type="checkbox"/> Minimum limit required for Miami Area: \$150,000 <input type="checkbox"/> Please insert an 'X'. Higher Amounts can be obtained upon request. A Different Amount? (Please specify) <input style="width: 150px;" type="text"/> | | | | | | | | | | | | | | | |
| (5) COFR Operator Name: <input style="width: 90%;" type="text"/> If required, this information can be obtained from the NPFC's website here: https://publicsearch.npfc.uscg.mil/COFR/Default.aspx | | | | | | | | | | | | | | | |
| (6) Carrier Name if different from the COFR Operator Name *: <input style="width: 90%;" type="text"/> If the required Carrier Name is the same as the above mentioned COFR operator name, please enter "Same As Above" in the space provided. | | | | | | | | | | | | | | | |
| (7) Alternate Carrier Name: <input style="width: 90%;" type="text"/> (eg. Division of / Also Known As / Doing Business As) | | | | | | | | | | | | | | | |
| (8) Carrier's Email Address *: <input style="width: 90%;" type="text"/> | | (9) Carrier's Telephone Number *: <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | |
| (10) Type of Corporation *: Please insert an 'X'. <table style="width: 100%;"><tr><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Foreign Government</td><td><input type="checkbox"/> State</td></tr><tr><td><input type="checkbox"/> Local Government</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> US Government</td><td><input type="checkbox"/> Sole Partnership</td></tr></table> | | | | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Foreign Government | <input type="checkbox"/> State | <input type="checkbox"/> Local Government | <input type="checkbox"/> Individual | <input type="checkbox"/> US Government | <input type="checkbox"/> Sole Partnership | | | | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Foreign Government | <input type="checkbox"/> State | | | | | | | | | | | | |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Individual | <input type="checkbox"/> US Government | <input type="checkbox"/> Sole Partnership | | | | | | | | | | | | |
| (11) Mailing Address *: <input style="width: 90%;" type="text"/> As per CBP regulation, the address must include a Street Name, City, Zip or Postal Code and Country. | | | | | | | | | | | | | | | |
| (12) Physical Location Address (If different from Mailing Address Above) *: <input style="width: 90%;" type="text"/> If the physical location is the same as the mailing address, please enter 'Same As Above' in the space provided. | | | | | | | | | | | | | | | |
| (13) Type of Residence? Please enter the letter corresponding to the residence type that relates to the mailing and physical addresses. <table style="width: 100%;"><tr><td style="width: 40%;">What type of Residence is the address in question 11? * <input style="width: 30px;" type="text"/></td><td>(A) Residence</td><td>(D) Retail Location</td><td>(G) Post Office Box</td></tr><tr><td>What type of Residence is the address in question 12? * <input style="width: 30px;" type="text"/></td><td>(B) Corporate Office</td><td>(E) Office Building</td><td></td></tr><tr><td></td><td>(C) Warehouse</td><td>(F) Business Service Centre</td><td></td></tr></table> | | | | What type of Residence is the address in question 11? * <input style="width: 30px;" type="text"/> | (A) Residence | (D) Retail Location | (G) Post Office Box | What type of Residence is the address in question 12? * <input style="width: 30px;" type="text"/> | (B) Corporate Office | (E) Office Building | | | (C) Warehouse | (F) Business Service Centre | |
| What type of Residence is the address in question 11? * <input style="width: 30px;" type="text"/> | (A) Residence | (D) Retail Location | (G) Post Office Box | | | | | | | | | | | | |
| What type of Residence is the address in question 12? * <input style="width: 30px;" type="text"/> | (B) Corporate Office | (E) Office Building | | | | | | | | | | | | | |
| | (C) Warehouse | (F) Business Service Centre | | | | | | | | | | | | | |
| (14) Has the applicant ever been assigned a Customs Importer Number (CIN) using either the above entered Carrier Name or a different name? Insert an 'X' in either 'Yes' or 'No' and if the answer is 'Yes', please list the CIN and name in the spaces provided. <table style="width: 100%;"><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td>Previous CIN? <input style="width: 150px;" type="text"/></td><td>Previous Name? <input style="width: 200px;" type="text"/></td></tr></table> | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Previous CIN? <input style="width: 150px;" type="text"/> | Previous Name? <input style="width: 200px;" type="text"/> | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Previous CIN? <input style="width: 150px;" type="text"/> | Previous Name? <input style="width: 200px;" type="text"/> | | | | | | | | | | | | |

Vessel names are not required by CBP in order to successfully secure a bond, nor are vessel names forwarded to CBP as part of SIGCo's submission process. However, vessel information including their current COFR operator are used by SIGCo as part of our due diligence in order to ensure the requested bond Carrier Name will permit the corresponding vessel(s) to comply with CBP's regulation when filing their manifest(s). **Please do not hesitate to contact us if you have any questions.**

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